Care Quality Commission

Charing Rose Limited

St Stephens Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 20 August 2015 and was unannounced. It was carried out by two inspectors 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.

St Stephens is registered to provide accommodation, personal and nursing care for up to 17 people who need support with their learning disability, physical disability and health needs. The service is situated close to town centre of Dover where all amenities are close by. There were 15 people at the service at the time of the inspection.

The care and support needs of the people varied greatly. There was a wide age range of people living at the service with diverse needs and abilities. The youngest person was in their 30's and the oldest was in their late 70's. As well as needing support with their learning disabilities,

Summary of findings

some people had physical disabilities and needed a lot of care interventions and treatment with their health needs. There were registered nurses working 24 hours a day to make sure people's complex nursing needs were met.

At the time of the inspection the service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The most recent registered manager had left the service in May 2015. The provider had appointed a new manager who had been in post for a month but had worked at the service in a different role for over five years. The manager was in the process of applying to become registered with the CQC.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the manager had applied for DoLs authorisations for people who were at risk of having their liberty restricted. We received information from the service, informing us that two people had applications granted to deprive them of their liberty, to make sure they were kept as safe as possible. The remainder of the applications were still being processed by the DoLS office. The manager was waiting for the outcome of the applications from the local authorities, who paid for the people's care and support. There were records to show who people's representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

Before people decided to move into the service their support needs were assessed by the manager, to make sure they would be able to offer them the care that they needed. The care and support needs of each person were different and each person's care plan was personal to them. People or their relative /representative had been involved in writing their care plans. The care plans recorded the information needed, to make sure staff had guidance and information to care and support people in the safest way, and in the way that suited them best. People were satisfied with the care and support they received. Potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the interventions they needed to keep them as safe as possible. People had regular reviews of their care and support, when they were able to discuss any concerns or aspirations and goals they wanted to achieve.

People had an allocated keyworker who was involved in their care planning and reviews. A key worker was a member of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between staff. The key worker was a member of staff who the person got on well with and were able to build up a good relationship with. Whenever possible people were supported and cared for by their keyworker. People knew who their keyworker was.

The service was planned around people's individual preferences and care needs. They told us they received care that was individual to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent.

Throughout the inspection we observed people and the staff as they engaged in activities and relaxed at the service. Some people could not communicate verbally. Staff understood the needs of the people they supported. Staff were able to understand people through body language, facial expressions and certain sounds and supported people in a discreet, friendly and reassuring manner. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond. Throughout the inspection people were treated with kindness and respect. People told us their privacy was respected and they were able to make choices about their day to day lives. People's bedrooms were personalised and furnished with their own things. The rooms reflected people's personalities and individual tastes.

Summary of findings

People were offered and received a balanced and healthy diet. Some people were not able to eat without support and had a special way of receiving all the nutrients and fluids they needed. When people were able to eat independently, they were able to choose what they wanted to eat and when they wanted to eat it. If people were not eating enough, they were seen by dieticians or their doctor and supplement nutrition was provided. People received their medicines safely and when they needed them and they were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

People had their needs met by sufficient numbers of staff. Staff numbers were based on people's needs, activities and health appointments. People received care and support from a dedicated team of staff that put people first and were able to spend time with people in a meaningful way.

Staff had support from the manager to make sure they could care safely and effectively for people. Staff said they could go to the manager at any time and they would be listened to. The manager was actively involved with people on a day to day basis. Staff had received regular one to one meetings with a senior member of staff. Staff had not received an annual appraisal for 2014 so had not had the opportunity to discuss their developmental needs for the following year.

Staff had completed induction training when they first started to work at the service, and had gone on to complete other basic training provided by the company. There was also training for staff in areas that were specific to the needs of people, like epilepsy, learning disabilities and dementia. Some of the staff had not received this training, so there was a risk that they may not know what to do in certain situations. Some people at the service had very specialist needs like autism but there was no training for staff in this area. There were staff meetings so staff could discuss any issues and share new ideas with their colleagues to improve people's care and lives.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. However, all the checks that needed to be carried out on staff to make sure they were suitable and safe to work with people had not been completed by the manager.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns both within the company and to outside agencies like the local council safeguarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the manager, provider or outside agencies if needed. The manager responded appropriately when concerns were raised.

Emergency plans were in place so if an emergency happened, like a fire the staff knew what to do. Safety checks were done regularly throughout the building and there were regular fire drills so people knew how to leave the building safely.

People felt comfortable in complaining and when they did complain they were taken seriously and their complaints were looked into and action was taken to resolve them.

There were quality assurance systems in place. Audits and health and safety checks were regularly carried out. The manager had sought formal feedback from people by using a questionnaire. The questionnaire used was not written in a format that would make it understandable and meaningful for people. Relatives and other stakeholders had been asked their opinion about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible. Staff and people told us that the service was well led and that the manager was supportive and approachable and sometimes worked alongside the staff. There was a culture of openness and transparency within St. Stephens which allowed everyone to suggest new ideas which were acted on and to discuss any concerns.

The manager had a vision, to be a leading service, providing quality care and support for adults with learning disabilities and physical health needs. Their aim was to provide a safe and fulfilling life for people. Staff were very aware of these and they were followed through into practice.

Summary of findings

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Risks to people were assessed but guidance had not always been available to make sure all staff knew what action to take to keep people as safe as possible.

Recruitment procedures were in place but were not fully adhered to before new staff started to work with people.

There were enough staff on duty to make sure people received the care and support they needed.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff had not received all the training they needed to meet the needs of people. There was a training plan in place to provide continuous development and to address any gaps in staff training. Staff felt well supported by the manager and the staff team.

The manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People and their representatives were involved in making decisions about their care and support.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good

The service was caring.

People and their relatives spoke very highly of the staff and the manager. They said they were always treated with respect and dignity; and that staff were helpful and caring.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded quickly to their requests for support.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People and their relatives said they would be able to raise any concerns or complaints with the staff and manager, who would listen and take any action if required.

Is the service well-led?

Requires improvement

The service was not consistently well led.

The provider had not returned information to the CQC when we asked for it.

There was no registered manager at the service. The previous registered manager had left in May 2015. The provider had appointed a new manager.

There were systems in place to monitor the progress of the service using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

The staff were aware of the service's ethos for caring for people as individuals and putting people first. The manager led and supported the staff in providing compassionate and sensitive care for people, and in providing a culture of openness and transparency.

People said that they felt listened to and that they had a say on how to improve things. There was a commitment to listening to people's views and making changes to the service.

St Stephens Nursing 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 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 20 August 2015 and was unannounced. It was carried out by two inspectors and an expert by experience.

Before the inspection, we asked the provider 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. They did not return a PIR and we took this into account when we made the judgements in this report. The new manager was not aware that a PIR had been sent to the service as it was sent before they had been appointed to the position. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We spoke with five people living at the service, four relatives and five members of staff, which included the manager and the registered nurse who was the clinical lead for the service. We assessed if people's care needs were being met by reviewing their care records. We looked at six people's care plans and risk assessments. We observed the support received by five people and spent time with them. As some of the people could not talk with us, we used different forms of communication to find out what they thought about the service. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their personal care, encouraging people to be involved with daily domestic duties like cooking, shopping and engaging people in activities.

We looked at a range of other records which included four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We looked around the communal areas of the service and some people gave us permission to look at their bedrooms.

We last inspected this service in July 2013. There were no concerns identified at this inspection.

Requires improvement

Is the service safe?

Our findings

Potential risks to people in their everyday lives had been identified, such as when undertaking activities, attending to their personal care, monitoring their health and medical conditions and when they were going out in the community. Most risks had been assessed in relation to the impact that it had on each person, how to try and prevent them from occurring and what to do if they did happen. However, some people had conditions that left them at high risk of choking when they ate their food. There was detailed guidance for staff on what steps they had to take to keep the risk to a minimum. This included making sure the person was supported to eat a pureed diet and that they were in the correct position before they ate, also that they were supported to eat slowly and encouraged to swallow. However, there was limited information available to give staff the individual guidance on what to do if this risk did actually occur and the person started to choke. A member of staff we observed and spoke with was unsure about what to do in these risky situations. They were supporting a person to eat who was at high risk of choking. The staff member said they would call the nurse on duty and wait for them to arrive. People were at risk because staff did not know what immediate action to take to make sure people received the immediate intervention that they needed.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were responded to. This is a breach of Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were risk assessments for when people were in the service or in the local community. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People could access the community safely on a regular basis. There were detailed assessments of risk for staff to be able to support a person with epilepsy, which demonstrated signs/symptoms and action to take to make sure that they were protected from harm. Records were maintained in order that staff could monitor and make observations for changes in seizure patterns. There were in-depth risk assessments in place for people who had unstable diabetes with step by step guidance on what staff had to do if their condition became unstable.

The provider had policies and procedures in place for when new staff were recruited, but these were not been consistently followed. All the relevant safety checks had not been completed before staff started work to make sure they were safe to work with people. The file of one staff member showed these checks had not been fully completed. There was no evidence that the manager had verified the staff member's identity or that the most recent care employer had been used as a reference. Some references had been obtained over the telephone. These verbal references had not been followed up with a written reference to make sure the referees were who they said they were and worked for the company that was identified in the staff member's application form.

There were registered nurses working at the service. To make sure nurses are eligible to practise, they are required to register with the Nursing and Midwifery Council every year and declare that they have the skills and up-to-date knowledge to carry out their role as a registered nurse. There were four nurses working at St Stephens. The provider had failed to check that they were still registered to practise as nurses.

Other safety checks had been completed including two written references and Disclosure and Barring System (DBS) checks. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Interviews were carried out and a record of the interview was kept. The manager interviewed prospective staff and kept a record of how the person performed at the interview. Successful applicants were required to complete an induction programme and probationary period.

The registered person had not ensured that all the information was available as required by Schedule three of the Regulations before new members of staff started work. The registered provider had not checked that the nurses employed were registered with the relevant professional body. This is a breach of Regulation 19 (3) (a) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service safe?

People told us and indicated that they felt safe. People said they felt 'safe' being cared for by the staff of the service. One person told us, "I do feel safe here. Sometimes I can't sleep in the night. I can't sleep in the dark. I have a little light on that helps me sleep. The staff always make sure my light is on".

People looked comfortable with other people and staff. People said and indicated that if they were not happy with something they would report it to the manager, who would listen to them and take action to protect them. Staff knew people well and were able to recognise signs through behaviours and body language, if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service, if they felt they were not being dealt with properly.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was accessed by senior staff. People's monies and what they spent was monitored and accounted for. People could access the money they needed when they wanted to.

Accidents and incidents were recorded by staff. The manager assessed these to identify any pattern and took action to reduce risks to people. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences. The information contained in the forms was used to adjust the person's support to meet their needs in a better way. The emphasis was on the reduction in the number of challenging incidents, by supporting the person to have different, more effective ways of getting their needs met.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances were safe. The lift and the hoists had been serviced. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was fit for purpose. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire.

There were enough staff on duty to meet people's needs and keep them safe. People, who could, told us that the staff were always available when they needed them. One person said, "There are staff everywhere, you don't have to go looking for them. They always have time for a chat". Relatives said that when they visited there were always enough staff and people did not have to wait to be looked after. Staff told us there were enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. Some people required one to one support at times, whilst others were supported in smaller groups. There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. When necessary the manager used agency staff to cover staff shortfalls. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs. The manager had made sure extra staff were available to give extra support to a person who was in hospital.

People received their medicines safely. The registered nurses gave people there medicines. People said they had their medicines when they needed them. Relatives told us that they had seen people get their medicines regularly and that the staff made sure that they had taken them. Medicines were handled appropriately and stored safely and securely. The stock cupboards were clean and tidy, and were not overstocked. Bottles and packets of medicines were routinely dated on opening. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when these were going out of date. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered as instructed by the person's doctor. Checks were made to make sure people received their

Requires improvement

Is the service safe?

medicines when they needed them. Staff talked to people before giving them their medicines and explained what they were doing. They asked if they were happy to take their medicines. Staff waited for people to respond and agree before they gave them their medicines. There was information that explained how people preferred to take their medication. The guidelines were individual to each person so that staff could support people in the way that they preferred.

Each person had an individual medicine record chart showing their personal details. All medicines disposed of or returned were recorded. When people needed medicines on a 'when required' basis, there was clear individual instructions on the dose including when and how the medicines were to be given. The effects of the medicine were then monitored to make sure they were working.

Requires improvement

Is the service effective?

Our findings

People told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they needed. Visiting professionals told us that staff contacted them promptly if there were any concerns, and acted on the advice or changes to people's care and support.

People had a wide range of needs. People's conditions were diverse, some were more complex than others. Many of the people had complex physical needs and were unable to mobilise, so were supported and cared for in wheel chairs. People had learning disabilities that affected their behaviours. There were shortfalls in staff training. The manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. Staff had received training in topics like health and safety, infection control, fire safety, safeguarding people and manual handling. The company provided training in dementia and learning disabilities. Half the staff had completed this training. These two areas of training were done in half a day. Staff said that the training was just an overview on the conditions and did not give them any in-depth knowledge of peoples individual conditions. Staff said they would like to do more in-depth training, so that they had more knowledge about people's conditions and how best to support them. Staff were keen to learn more. There was no in-depth training provided in areas like autism or diabetes. The care staff relied on the input of the registered nurses to deal with people's conditions. Staff had not completed this training and were unable to explain how the conditions might affect the people they were caring for. People required care and support with their individual conditions that were linked with their learning disability and physical needs. Care staff had not received training in these areas. There was a risk that people could receive inconsistent care and support, as staff did not have the knowledge, training and understanding in these areas.

The registered person had not taken all the necessary steps to make sure all staff were suitably qualified, competent skilled and experienced to work with people. This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When staff first started working at the service they completed an induction and had a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the manager to check that they were able to care for, support and meet people's needs. Regular staff meetings and handovers highlighted people's changing needs and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns were taken seriously by the manager.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated.

Staff told us that they did feel supported by the manager. Staff told us that the past 12 months had been difficult in regards to management support but they were all very pleased with the new appointment. They said that they knew and trusted the manger to do a good job. They said that they were listened to and were given the support and help that they needed on a daily basis. Staff had regular one to one meetings with the manager or senior member of staff. The registered nurses had monthly meetings to offer support to each other and to discuss clinical issues and best practise. Some staff told us that they had not had an appraisal in the past 12 months. The performance of the staff was not being formally monitored according to the company's policies and procedures, which stated that staff should receive an appraisal yearly. The manager confirmed that this had not happened due to the changes in management over the past year. Staff did not have the opportunity to privately discuss their performance over the past year and identify any further training or development they required. The manager stated that they planned for staff to have appraisals in 2015.

We recommend that staff receive annual appraisals to assess their performance in their roles and identify strengths and weaknesses so they can progress and develop.

The manager and staff were aware of the need to involve relevant people if someone was unable to make a decision

Is the service effective?

for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved. This was to make sure decisions were made in the person's best interest. People had received advocacy support when they needed to make more complex decisions.

The manager had applied for and obtained deprivation of liberty safeguards (DoLS) authorisations for two people. Applications for the remaining people were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans. There were mental capacity assessments in place to determine whether people had capacity or not to make decisions. When people's behaviour changed and there were changes made to their medicines, these decisions were made by the right clinical specialists with input from relatives and the staff. When people lacked capacity to give consent to these changes there was a mental capacity assessment available and best interest decision making was recorded.

The manager of the service had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The nursing staff team were able to describe the changes to the legislation and they had completed mental capacity assessments. They were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported.

People were consulted about their care and treatment. Staff asked for people's consent before they gave them care and support. If people refused something this was recorded and respected. Before people did activities or went out staff checked with people whether they had changed their mind and respected their wishes. In the larger lounge where wheelchair users were sitting we saw that staff spoke with people or communicated with them in way that they could understand, like stroking their hand or face to gain their attention. They then asked them if it was alright to support them with their care or activity before intervening.

People's health was closely monitored by the registered nurses and when it was necessary, health care professionals were involved, to make sure people were supported to remain as healthy as possible The staff actively sought support when they needed it and did not work in isolation. When specialist support plans were developed by professionals, the staff implemented them and fed back on whether they were successful or not. When people had problems eating and drinking they were referred to dieticians. People who had difficulty communicating verbally were seen by the speech and language therapists so other ways of communicating could be explored. If a person was unwell their doctor was contacted. People were supported to make and attend medical appointments. If people's conditions deteriorated and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals. People had detailed healthcare passports. This gave an overview of people's health needs and the medicines they were receiving. If people had to go to hospital or attend appointments, this information went with them, so that people could be effectively and safely supported in a different environment. A relative told us, "They really look after X's health. They let me know immediately if anything is wrong. I trust them to do the right thing".

We received feedback from a health care professional who was involved with the service. They told us that their experience of working with the people and staff at St. Stephens was a positive one. They said that people were well supported and cared for and had witnessed people being treated with respect and dignity.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. People said, "I really like the food. The cook is brilliant." and "We can have what we like". One person said, "I have a special diet. The staff here are really good and know what I can and can't eat and what I like. Whatever you want, they get you. Staff ask every day what I want to eat and there is always a choice". On the day of the inspection the cook went around and asked everyone what they wanted to eat. They communicated with each person in a way that they could understand, so they could make an informed choice about what they wanted.

Requires improvement

Is the service effective?

People were supported and encouraged to eat a healthy and nutritious diet. Some people had special tubes where they were fed directly into their stomach with a special liquid diet. People received the amount of nutrition that they needed and they were monitored to make sure their weights were stable. People were given a choice about what they ate. Staff provided people with the support they needed during the lunch time meal. The portions were a good size and the meal was well presented. Support plans for eating and drinking were detailed and clear on the process staff should follow so people had their food safely. People who had blended diets had plates that separated the food, so they were able to still enjoy individual flavours and see the individual colours of the food they were eating. Staff included and involved people in all their meals. On the morning of the inspection some people had been cooking and preparing a cheesecake dessert for lunchtime.

After lunch the cook came out and checked with people that they were enjoying their meals and when the cheesecake was served people, who communicated using speech, thanked the person who made it. Every month people had an 'around the world' themed meal which they all ate together. The theme was decided by people at the residents' meeting. People had enjoyed eating Spanish and Mexican food and were now planning an Italian meal. People often went out to eat in restaurants and local cafés.

When people were not eating their meals because they were unwell, or their health was deteriorating, the staff made sure they closely monitored their diet throughout the day, to make sure they had enough calories to maintain their weight. Some people had specific health needs like diabetes and staff positively supported them to manage their diets to make sure they were as healthy as possible.

Good

Is the service caring?

Our findings

People were put at the centre of the service. People and their relatives told us they received care that was individual to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent.

People were very happy living at St Stephens. There was a lively, friendly and inclusive atmosphere at the service. Throughout the inspection people were seen laughing, smiling and having a good time with the staff and each other. People who could told us that they liked living at St Stephens. One person said, "I love it here. Best place I have lived and I have been to a few. I help the manager in the office with photocopying and things. We have a good chat".

A relative said, "It's like a family at St Stephens. X is always happy. I often visit randomly and everything is always good. X is always well looked after. X has lived in quite a few places, but this by far the best. The staff turn up to see X even when they are not on duty". Another relative said, "They treat people as individuals. The new manager is very good". Another relative said, "They are a lovely bunch of staff. I've watched them helping people. They are very discrete".

People and their relatives were involved in planning their care and were asked about the care and support they wanted to receive. One person said, "I have a care plan. Staff ask me about what I want and need. They ask about the things I like and make sure that I get them. I can change things if I want to. Another said, 'I have my key worker and they do things for me". A key worker is a member of staff allocated to take a lead in coordinating someone's care. They were a member of staff who the person got on well with and were able to build up a good relationship. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Staff took their role as key worker very seriously and spoke at length about how they cared for and supported people. They told us how they planned trips out, supported people to get the things that they wanted.

Key workers were assigned to people based on personalities and the people's preferences. Some people were able to tell us who their key worker was. If people wanted to change their key worker for any reason this was respected. Whenever possible people were supported and cared for by their key worker. They were involved in people's care and support on a daily basis. Key workers and other staff met regularly with the people they supported and discussed what they wanted to do immediately and in the future. There were meetings to discuss what people wanted for their meals and who wanted to go and buy the food. People said and indicated that they liked the staff team that supported them and that they were able to do as much as possible for themselves. Staff were kind, considerate and respectful when they were speaking with people and supporting them to do activities. Staff supported people to be involved as much as possible in what was going on.

People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person like using pictures, objects of reference or observing for changes in mood. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear, where they wanted to spend time at home and what they wanted to do in the community. The approach of staff differed appropriately to meet people's specific individual needs. People were involved in what was going on. They were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests. One person liked to go out to have lunch and do shopping but this had been difficult as the person's medical condition was very unstable. The registered nurse was training care staff to manage the person's medical

Good

Is the service caring?

condition in the community. The person was also involved. This meant they could go out more and stay out for longer periods of time doing what they wanted. The person's independence was being prompted and developed.

When people had to attend health care appointments, they were supported by their key worker or staff that knew them well, and who would be able to help health care professionals understand their communication needs.

When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. On the day of the inspection there were a lot of activities taking place in the main lounge area. It was noisy and active. Some people found this a bit too much and they were able to go to quieter communal areas. When people wanted to speak with staff members this was done privately so other people would not be able to hear. People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to.

Everyone had their own bedroom. Their bedrooms reflected people's personalities, preferences and choices. Some people had posters and pictures on their walls. People had equipment like music systems, DVD players, T.V's and games so they could spend their time doing what they wanted. All personal care and support was given to people in the privacy of their own rooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, if they needed it, were given support with washing and dressing. One person told us, "The staff always knock on my door before coming in. They did this morning as they brought me some clean clothes that I put away". Another person told us, "I have a key to my room but I prefer not to use it".

The interaction between people and staff was positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. They explained to people what was happening and gave them choices. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and received the care and support that they wanted in the way they preferred. Those who could not express their needs received the right level of support, for example, in managing their food and drink.

The staff said they were happy in their jobs and said they enjoyed coming to work. One member of staff said, "I really like it here; I have been here a long time and it's the best place I have worked". Another member of staff said, "Staff are always happy and always trying to come up with different ideas to benefit the people we are supporting". Staff spent time with people chatting or supporting them to do activities that they enjoyed. They were patient and compassionate. Staff held people's hand and spoke to them quietly and reassuringly when they were upset. People and staff got on well together. They laughed and joked and appeared happy in each other's company.

Good

Is the service responsive?

Our findings

Relatives said, The manager and the staff listen to me and I listen to them. Staff always ring me if there any concerns. I call this a loving home".

Before a person moved into the service a pre-assessment was completed. When people needed support to communicate their needs other people advocated on their behalf, for example, members of their family or someone who knew them well. People were enabled to contribute as much for themselves as possible. Information was gathered about people's interests and about what was important to them. Some people had an early life history in their care plan folder, completed by relatives. It explained their lifestyle before moving to the service and the things that were most important to them. This gave a good background for staff to organise people's care. It helped staff to understand about people and the lives that they had before they came to live at St Stephens. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person. This gave the manager and staff the information about the person and how to care and support them.

The lead nurse on duty during the inspection had a clear and sound understanding of people's health needs. They were able to explain in detail about everyone's health needs and the clinical interventions and support they needed to keep as healthy as possible. When any concerns were identified, specialist advice was immediately sought.

Each person had a care plan. The registered nurses were responsible for making sure people's care plans were accurate and kept up to date. These were written to give staff the guidance and information they needed to look after each person. The care plans were personalised and contained details about people's background and life events. Staff had knowledge about people's life history, so they could talk to them about it and were aware of any significant events. One person had experienced a family bereavement and their behaviour had changed. The manager sought advice from outside agencies and counselling was being organised to help and support the person through a difficult time.

People received their personal care in the way they had chosen and preferred. There was information in their care plans about what people could do for themselves and when they needed support from staff. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, continence, skin care, eating and drinking. Some people were unable to mobilise and were confined to wheelchairs People had individually designed wheelchairs to make sure they were able to sit comfortably with the correct support. People's care plans contained detailed guidance about how to move people safely using specialist equipment like hoists and slings. There was detailed care plans to prevent peoples skin from becoming sore and breaking down. When people were at risk of developing pressure sores, they had special pressure relieving equipment in place, like air flow mattresses and cushions which protected their skin from becoming sore and breaking down. Staff knew what signs to look for. The registered nurses responded quickly if any concerns were identified, and made sure people received the intervention and care they needed to keep their skin as healthy as possible.

People with complex support needs had a support plan that described the best ways to communicate with them. There was a list of behaviours that had been assessed as communicating a particular emotion, and how to respond to this. Staff said that these were helpful and generally accurate and helped them support the person in the way that suited them best. Some people had been assessed as having behaviour that could be described as challenging. There was evidence that the support plans in place focused on how to manage the behaviours positively and to give support in a way that was less likely to cause the behaviour. For example, making sure that staff were aware of the situations that may lead to a behaviour and anticipate what the person wanted before the behaviour actually occurred. The support described was aimed at providing alternative strategies to reduce any negative behaviour. The incidents of negative behaviours had reduced for some people. One relative told us, "Sometimes my relative becomes distressed and upset. They think something has

Good

Is the service responsive?

happened to me. The staff sit and talk to her. If that doesn't work they ring me so they can hear my voice and it sometimes helps to calm my relative down. This is what we agreed would happen".

We saw detailed records in care plans for visits from, and to, GP's, district Nurses, dentists, chiropodists and other professionals. There were monitoring charts that were accurately completed and meaningful for staff. For example, people were weighed monthly, but once concerns about a weight gain had been highlighted, this was increased to weekly monitoring and a request for the dietician to visit. The cook had spent some time with a person who wanted to lose some weight, they spent time discussing what changes could be made to their diet.

When people were ill and had to go to hospital. The staff visited them on a daily basis. Some staff visited in their own time. The manager made sure that they had the support they needed and a familiar face in a strange environment.

People were encouraged and supported to join in activities both inside and outside the service. The lounge walls were full of pictures of the activities that they did and were full of smiles. We observed an exercise class which was undertaken by a health trainer. When the exercise class started people energetically sang 'Let it go' from the film Frozen. Everyone who wanted to joined in. The music then moved to Cliff Richards 'Summer Holiday' which catered to peoples different choices in music. Less able people were assisted to do the exercises with staff, who supported them to move their limbs. The atmosphere was happy and lively and people were smiling and laughing and seemed to be enjoying themselves. One person did not want to do the exercises. Staff respected the person's wishes, however and by the end of the session they had changed their mind and were fully engaged in the activity.

In the afternoon the guitar man came in. He played to all the people and then spent time with individuals trying to get them to maintain eye contact and join in with the music. People responded positively to this experience and interacted with the guitar man and his music.

Staff spoke about respecting people's rights and supporting people to maintain their independence and make choices. People had choices to do different things like shopping, attending local community social activities and visiting places. People were going to a 'Summer Ball' in September. The service had a new vehicle so everyone could get out and about in the community. The people and staff were arranging a holiday week in October 2015 when everyone would be going out doing 'special' activities they had chosen. There were plans to go to Brighton, musical shows and trips to various places of interest.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. However the complaints procedure was not readily available for people or their relatives. On the day of the inspection the information on how to make a complaint was found out of sight in the entrance of the service. The manager immediately moved it to somewhere more visible. People and their relatives said they would have no problem complaining if they had any concerns, and they felt confident that their complaint would be taken seriously and action would be taken. People said that they felt listened to and if any issues were raised they said these were dealt with quickly. If a complaint was received this was recorded and responded to. People's key workers spent time with them finding out if they everything was alright with the person and if they wanted anything. There were regular meetings for people and staff. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions.

Requires improvement

Is the service well-led?

Our findings

At the time of the inspection the new manager had been in post for a month. The previous registered manger had left the service in May 2015. In the interim period the people and staff had been supported by the Director of Care and Operations, who had spent a lot of time at the service until the new manager was appointed. The new manager was not yet registered with the Care Quality Commission (CQC) but was in the process of doing so. People and relatives told us they were very happy about the appointment of the new manager. They said that they knew the manager as they had been working at the service for a long time in a different role. They said the last year had been difficult, with different managers. People, relatives and staff told us the service was now well led. They had confidence that the new manager would take their role seriously and make sure that people were safe and receive everything they wanted and needed.

People, their relatives and staff said that the manager was approachable and supportive and they could speak to her whenever they wanted to. People and their relatives told us the manager listened to what they had to say and 'sorted things out' if there were any problems. The staff said the manager always dealt with issues in a calm and fair way. On the day of the inspection people, relatives and staff came in and out of the office whenever they wanted to. There was clear and open dialogue between the people, staff and the manager. Despite the constant demands, the manager remained calm and engaged with people and the staff.

Staff said that the manager was available and accessible and gave practical support, assistance and advice. Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the manager. The manager and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities.

Our observations and discussions with people and staff at the service showed that there was an open and positive culture between people, staff and the manager. The service's visions and values were to support people to be as independent as possible while keeping them safe. The manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. The manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another.

The manager was being supported by a registered nurse who was the 'clinical lead' and had taken the lead role in making sure people's complex nursing physical and medical needs were continually assessed monitored and met.

The provider had sent out satisfaction surveys to people, their relatives and other agencies who were involved with the service. The surveys sent to people at the service were not written in a format that would make them easier to understand, but people's views about the service were captured. Where people had made comments or suggestions these had been responded to and action taken. The comments about the care and support people had received were positive. However, staff and people had reported that they had not been happy with the previous management arrangements over the past 12 months. This issue had been resolved by appointing a new manager. People, relatives and staff had been listened to and action had been taken by the provider. More support had been given to people and staff by the 'Director of care and operations' who checked regularly about how things were and how they could be made better. People and staff said they were able to be honest about how they felt.

We recommend that all the documentation that requires people's involvement be written in a format that people will find easier to understand.

There was a range of quality assurance audits in place to monitor the standard of the service provided. The manager and the registered nurses audited aspects of care daily, weekly and monthly such as medicines, care plans, accidents and incidents and safety. Daily health and safety checks were carried about which covered areas like ,'Are staff working safely', 'Observe moving and handling techniques, 'Is the kitchen clean and safe' and 'Are the staff dressed appropriately. Any shortfalls that were identified

Requires improvement

Is the service well-led?

and could be were addressed immediately. If action could not be immediately taken, then there were systems in place to make sure the shortfall was addressed as soon as possible. For example, when environmental shortfalls were identified these were referred to the maintenance team so they could take the required action. The provider had recently appointed a new quality manager to audit and check the quality of the service provided. They had not yet visited St Stephens.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not fully protected against the risk of receiving care or treatment that was inappropriate or unsafe. Regulation 12 (2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered provider had not obtained all the information as stated in Schedule 3 for each member of staff. The registered provider had not checked that the nurses employed were registered with the relevant professional body. Regulation 19 (3)(a)(4)

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing People were at risk as there were times when there were staff on duty that were not suitably qualified, skilled and experienced to meet the needs of service users. Regulation 18 (1)