Health Care Homes Group Limited

St Leonards Court

Inspection report

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Ratings

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

Overall summary

This inspection took place on 17 and 25 November 2014 and was unannounced. We carried out an inspection in August 2013 where there was a breach in one regulation as we had concerns about records kept to show that consent had been obtained from people. A follow up inspection was carried out in October 2013 and the home had taken the appropriate action to comply with the regulations.

St Leonards Court is a residential care home providing care and support for up to 25 older people living with cognitive impairments such as dementia. The home has a registered manager, who has been in post for over five years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff were aware of safeguarding people from abuse and would act accordingly. Individual risks to people were assessed and reduced or removed.

Summary of findings

There were enough staff available. Staff members all said that staffing levels were high enough to allow staff members to complete care for. Not all of the required recruitment checks were obtained before new staff started working, meaning the service could not be sure that new staff members were of good character or safe to work with people.

Medicines were safely stored and administered, and staff members who gave out medicines had been properly trained. Staff members received other training, which ensured they were able to care for people appropriately. Staff received supervision from the manager, which was supportive and helpful, although formal individual meetings were not frequent enough.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The manager recognised when people were being deprived of their liberty and was taking action to comply with the requirements of the safeguards.

Staff members understood the MCA and presumed people had the capacity to make decisions first. Where a lack of capacity had been identified there were written records to guide staff about who else could make the decision or how to support the person to be able to make the decision.

People enjoyed their meals and were given enough support to eat the meal of their choice. Drinks were readily available to ensure people were hydrated.

Health professionals in the community worked together with the home to ensure suitable health provision was in place.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated.

People's needs were responded to well and care tasks were carried out thoroughly. Care plans contained enough information to support individual people with their needs.

A complaints procedure was available. No concerns or complaints had been made in the last 12 months, although the provider had procedures in place to make sure any were dealt with appropriately.

The manager was supportive and approachable, and staff felt that they could speak with her at any time.

The home monitored care and other records to assess the risks to people and whether these were reduced as much as possible.

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?
The service was not always safe.

People were supported by enough skilled staff to meet their needs and to keep them safe, although not all the required checks and information were obtained before new staff started work.

Risks had been assessed and acted on to protect people from harm.

Medicines were safely stored and administered to people.

Requires Improvement

Is the service effective?
The service was effective.

Staff members received enough training to do the job required and the manager had acted on recent clarification of the Deprivation of Liberty Safeguards and ensured requirements under the Mental Capacity Act were met.

Staff regularly referred the health care needs of people using the service to ensure they obtained treatment or advice from health care professionals.

Meals were supplied with choice and drinks were readily available to aim to prevent dehydration.

Good

Is the service caring?
The service was caring.

Staff members developed good relationships with people using the service, which ensured people received the care they wanted in the way they wanted it.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good

Is the service responsive?
The service was responsive.

People had their care assessed and kept under review, and staff responded quickly when people's needs changed.

People were given the opportunity to complain and those complaints were acted upon appropriately.

Good

Is the service well-led?
The service was well led.

Systems required to monitor the quality of the service provided were completed and actions were addressed when areas of shortfall were identified.

Good

Summary of findings

Staff members and the manager worked with each other, health care professionals, visitors and people living at the home to ensure there was a high morale within the home and with local community services.

St Leonards Court

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 17 and 25 November 2014 and was an unannounced inspection.

The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider. For example, the Provider Information Record (PIR), notifications that they are legally required to send us and information of concern that we had received. The PIR provided us with information about how the people using the service were offered care and support. Notifications told us of any deaths, significant incidents and changes or events which had taken place within the service provided.

During our inspection we spoke with four people who used the service and one visitor to people living there. We also interviewed four care staff and the registered manager. We spoke with one health care professional for their opinion the service provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We completed general observations and reviewed records. These included four people's care records, three staff records, staff training records, eight medication records and records relating to audit and quality monitoring processes.

Requires Improvement

Is the service safe?

Our findings

We spoke with one new staff member about the recruitment process, they confirmed that information was requested regarding Disclosure and Barring Service (DBS) checks and references but they did not know if these had been returned. The recruitment records of three new staff members working at the service showed that not all of the correct checks had been made by the provider to make sure that the staff they employed were of good character and safe to work with people. For two staff members, gaps in their employment histories had not been explored and information about one staff member's previous employment in a care position had not been obtained. The photograph of one staff member was not clear, meaning it was not possible to show that the person working was the person who had been interviewed and employed. This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person's visitor told us that they felt their relative was safe living at the home. They did not know the procedure or who to contact if they had any concerns but felt that they could talk to any of the staff or the manager if they needed to.

The risks to people of abuse were reduced as the provider had taken the appropriate action to protect them. Staff members we spoke with understood what abuse was and how they should report any concerns that they had. They all stated that they had had no occasion to do so. There was a clear reporting structure with the manager responsible for safeguarding referrals, which staff members were all aware of. There were written instructions to guide staff and they knew where these were kept. We saw that information for visitors was located in an easily accessible area within the home. Staff members had received training in safeguarding people and records we examined confirmed this.

The provider had also reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission as is required. This meant we could be confident that the service would be able to recognise and report safeguarding concerns correctly.

We saw during our visit that some people who lived at the home displayed behaviour that might challenge others. These were dealt with in a calm manner by staff members, allowing people to relax whilst engaging with them and reducing the potential for an altercation with another person. Staff members were able to describe the circumstances that may trigger this behaviour and what steps they would take to keep other people within the service safe. We looked at the care records for two people regarding this and saw that the information staff members had told us matched what was written in their care plans. This meant that any staff members who were not familiar with a person's needs would have information to help them care and support that person.

Risks to people's safety had been assessed and records of these assessments had been made. These had been made individual to each person and covered areas such as; malnutrition, behaviour, medication, moving and handling, and evacuation from the building in the event of an emergency. Most assessments were accurate and had guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed. However, we saw two assessments had an overall level of risk that was inconsistent with the information provided, although on these occasions accurate assessment would not have changed actions staff members took.

Servicing and maintenance checks for equipment and systems around the home were carried out. Staff members confirmed that systems, such as for fire safety, were regularly checked and we read records to support that this was completed.

Not all of the staff we spoke with felt that there were enough staff, although they all told us that they were able to meet people's needs and we observed this on the day of our inspection. We also saw that there were periods, such as meal times, when staff members were busy and less able to spend time with people, although everyone who needed help received assistance promptly. A staffing rota was produced detailing how many staff were needed to provide care and we found that staffing levels on the days of our inspection were consistent with this. The manager and the staff told us that other staff were always available to cover sickness or holidays and that agency staff were rarely used. We concluded therefore, that there were enough staff available to ensure people received care when they needed it, but that there were periods when staff members were too busy to spend much time with people.

Requires Improvement

Is the service safe?

We found that the arrangements for the management of medicines were safe. They were stored safely and securely in locked trolleys and storage cupboards, in a locked room. However, we did observe on the day of our visit that one medicine stored in the drug fridge had an illegible label, which meant that staff members could not be certain of the dose or for whom it had been prescribed. We spoke with the manager about this and the situation was immediately rectified. The temperature that medicines were stored at was recorded each day to make sure that it was at an acceptable level to keep the medicines fit for use.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as was intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' or limited or reducing dose basis, we found detailed guidance for staff on the circumstances these medicines were to be used. One person's care records told us that they had been given their medicines covertly. We saw that staff were given clear guidance to ensure that covert medicines were given correctly and stopped when no longer required.

We observed one member of staff giving out medicines at lunchtime. This was done correctly and in line with current guidance which was in place to make sure that people are given their medicines safely.

Good

Is the service effective?

Our findings

The staff we spoke with told us that they had received enough training to meet the needs of the people who lived at the service. One staff member said that they were also able to complete additional training if this had been requested. We checked their training records and saw that they had received training in a variety of different subjects including; infection control, manual handling, safeguarding adults, first aid, and dementia care. Staff members had also gained a national qualification, such as a National Vocational Qualification or a Diploma, at level two or three in health and social care. We observed staff members in their work and found that they were tactful, patient and effective in reducing people's anxiety or aggression and in delivering care.

Staff told us that they felt supported and they could talk to the manager or head of care at any time. Records showed that some staff members had supervision meetings with their line manager in which they could raise any issues they had and where their performance was discussed, although these did not occur often. One new staff member told us that the supervision they had received was helpful and supportive at a time when they did not have a wealth of experience to draw on. Other staff members told us that they received support through staff meeting and where these were not available, information was passed on by the manager at other staff gatherings such as staff handover each day.

The manager provided us with clear explanations of the Mental Capacity Act 2005 (MCA) and their role in ensuring people were able to continue making their own decisions for as long as possible. Staff members we spoke with told us that they had received training in this area and their understanding of their role in supporting people to continue to make their own decisions was good. We saw evidence of these principles being applied during our inspection. All staff were seen supporting people to make decisions and asking for their consent.

We saw that care records for some people noted that they lacked capacity in some areas, such as managing their own medicines or when to seek medical advice. Mental capacity assessments had been completed to determine the least restrictive course of action or who should make particular decisions on behalf of the person. While these had been completed, in some records we noted a lack of information to support the decisions made, for instance in regard to whether the person could retain information with support.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The staff and manager were aware of DoLS and what authorisation they needed to apply for if they had to deprive someone of their liberty. The manager was aware of changes following recent clarification of the DoLS legislation. In response to this, a re-assessment of people's risk had taken place and DoLS applications had been completed for everyone who was not able to leave the home without a staff member.

People were provided with a choice of nutritious food. We observed people enjoying the food that they ate. Staff offered people food that they liked and prompted them to eat and drink when necessary. Records showed that where the service had been concerned about people who had lost weight, they had been referred for specialist advice. Some people had been provided with a more specialised diet, such as a puree diet as a result of this advice. The amount of food and drink being consumed by these people was being recorded to ensure they received as much food as they needed to maintain or increase their low weights.

We also saw that staff members adapted their support to each person, whether that required them to prompt the person, supervise or to physically assist them. Staff members helping people were attentive, spoke with people appropriately and allowed the person to eat at their own pace. We saw that people were able to eat and drink where and how they wished, sitting or standing, and they could have their choice of course first. For example, one person had their dessert first and then went on to eat their main meal. A staff member explained that this ensured the person ate more than they would have if they had been given a savoury course first. However, we found that the atmosphere in the dining area was mildly chaotic as there were many staff members fetching meals for people. We saw that this was distracting for one person, who had difficulty finishing each course of their meal before getting up from the table. The person was assisted back to the table, but by different staff members who all then left to attend to other people.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. People saw

Good

Is the service effective?

specialist healthcare professionals, such as community consultants, opticians, GPs and district nurses when they needed to. We spoke with one health care professional who confirmed that they had a good working relationship with the home; issues were always reported quickly, staff always followed the advice they were given and they maintained clear records. This health care professional told us they thought the service was a, “Fantastic little home”.

Good

Is the service caring?

Our findings

All of the people we spoke with were very happy with the staff members and they confirmed that staff were polite, respectful and looked after them in the way they wanted. We spoke with one visitor who told us that the staff were kind and caring. They also said, "You couldn't ask for more".

The service had a strong, visible, person-centred culture. During our inspection we heard and observed lots of laughter and most people looked happy and contented. They looked well cared for and were relaxed with the staff who were supporting them. Staff engaged in meaningful conversations with people and we saw that they were treated as individuals. A visiting health care professional told us that they had never seen any disharmony from staff towards people living at the home.

All of the staff were polite and respectful when they talked to people. One person had helped staff to collect napkins and tabards following the lunch meal and we overheard a staff member thanking the person for doing this. Staff made good eye contact with people and crouched down to speak to them at their level so as not to intimidate them. We observed one staff member communicating well with two people involved in an argument over an item. This resulted in an end to the quarrel, but without either person feeling aggrieved. They understood the requests of people who found it difficult to verbally communicate. When asked, staff members demonstrated a good knowledge about how people communicated different feelings such as being unhappy or in pain so that they were able to respond to these.

We observed staff respecting people's dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and knocked on people's doors before entering their rooms.

There was information in relation to the people's individual life history, likes, dislikes and preferences. Staff were able to demonstrate a good knowledge of people's individual preferences. For example, from our observations we saw that one person had a particular drink preference that staff members were all aware of and that was well documented in the person's care notes. From our conversations with staff it was clear that they regarded each person who lived at the service in a very positive, meaningful and individual way.

Staff involved people in their care. We observed them asking people what they wanted to do during the day and asking them for their consent. People were given choices about what to eat, drink and where to spend their time within the home. We observed that staff members watched people while we were speaking with them and broke off our conversation to attend to people who needed help.

Relatives told us that they were involved in their loved ones care. One visitor told us that they came to the home every day and sat with their relative while they had lunch. Staff members kept the visitor up to date with how his relative was and he told us he thought the person had settled into the home and seemed very comfortable.

Good

Is the service responsive?

Our findings

People living in the home and the visitor we spoke with told us the manager and staff were approachable, listened to their concerns and tried to resolve them. The visitor told us that they had no concerns about the service and did not think they would have any. Staff members told us that information was available for people if they wanted to make a complaint. They felt that visitors knew how to raise concerns and complaints and that they would either speak with a staff member or the manager.

The care and support plans that we checked showed that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, medicines management, communication, nutrition and with mobility needs. There was information provided that detailed what was important to people, their daily routine and what activities they enjoyed. Staff members told us that care plans were useful in terms of giving enough information to help provide care.

We observed that staff were responsive to people's needs. They provided them with drinks when people indicated that they were thirsty, food when it was requested and provided personal care in a timely manner. A visiting healthcare professional told us that staff looked after people well, no-one living at the home had a pressure ulcer and they the care given by staff was very good.

People had access to a number of activities and interests organised by a designated staff member. This included events and entertainment, visiting local community resources for small groups, or time with people on an individual basis. The staff member told us that although a programme was available, activities were flexible, depending on how people were feeling and what they wanted to do. On the two days of our inspection we saw that staff members sat with people, talked with them about films or magazines they had. We watched as people enjoyed musical entertainment, during which both they and staff members sang along with songs they were familiar with.

Staff told us that they encouraged people to keep in touch with family and other individuals who were important to them. Records were kept that confirmed this and we saw that people regularly saw friends and relatives. One relative told us that they visited nearly every day to keep their wife company and were always welcomed by staff. We saw in another person's records that their family had been involved in their diabetes care and had made a particular request regarding this. Staff members were aware of the request, although there was no corresponding information about this or how staff were to manage the person's associated medical condition as a result.

A copy of the home's complaint procedure was available in the main reception area and provided appropriate guidance for people if they wanted to make a complaint. The service had received no written or formal complaints in the past 12 months. However, the manager told us that they had recently started a 'grumble log' to identify whether complaints were being raised verbally and dealt with immediately by staff. There were no entries in the log at the time of our inspection.

Good

Is the service well-led?

Our findings

During our observations, it was clear that the people who lived at the service knew who the manager was and all of the staff who were supporting them. The relative we spoke with told us that the service was well led, they spoke often with the manager and they were happy that staff members and the manager were approachable and that they could speak with them at any time.

Staff spoke highly of the support provided by the whole staff team. They told us they worked well as a team and supported each other. This was noted when help was needed in various areas in the home. They knew what they were accountable for and how to carry out their role. They told us the manager was very approachable and that they could rely on any of the staff team for support or advice.

Staff said that they were kept informed about matters that affected the service through supervisions, team meetings and talking to the manager regularly. They told us about staff meetings they attended and that the manager fed back information to staff who did not attend the meetings during daily handover periods. This ensured that staff knew what was expected of them and felt supported. Staff told us that the morale was very good and demonstrated that they understood their roles and responsibilities. A visiting health care professional also commented that, "Staff are always chirpy and happy".

Several staff members told us that the manager had an open door policy, was visible around the home and very approachable. We observed this during our inspection, particularly when the manager and head of care were helping people and staff during busy periods, such as at lunchtime. One staff member told us that she had never been told by the manager that she did not have time to see the staff member if they had something they wished to discuss. They were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues.

The home had a stable management team in place. The manager had been in post for over five years. The manager told us that they worked in a friendly and supportive team. They said that the provider promoted a culture where people, staff and their relatives could raise concerns that would be listened to and dealt with. This was echoed by the staff we spoke with. They told us that they felt supported by the management team and felt confident that any issues raised would be dealt with.

A healthcare professional visiting during our inspection told us that they felt the service was well led and that the management team ensured that the staff were well trained. They said they had a good relationship with the home and that staff and the manager worked together to make sure this continued.

The manager or head of care completed audits that fed into the organisation's quality monitoring report. We saw that audits for October 2014 identified few issues, but that actions to resolve these issues had been developed. The action plan showed how and when actions had been addressed. Audits completed prior to October 2014 showed that where issues had been identified these did not continue and remain unresolved, with the exception of one recording issue. The manager explained that although staff members had been reminded on a number of occasions, alternative action was required to ensure staff members completed the recording as they had been told to. The manager was working to identify a suitable solution. The provider's Quality Assurance Support Manager also visited the home every three months to check on how the service was running and that audits were carried out each month. These visits did not identify any additional issues, which showed us that the manager's assessing and monitoring procedures were robust enough to identify most problems and resolve them quickly.

The service had compiled a report in response to questionnaires sent to people, their relatives and stakeholders in 2014 about the quality of the service provided. This showed that they were satisfied with the service provided and had very few suggestions for improvement to make. Staff members had also been asked for their view and we saw that there were lower overall scores in relation to new staff members support. An action plan had been developed and we heard during this inspection that a new staff member had consequently felt very well supported and trained for their new role.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers People who use the service were not protected against the risks associated with the unsafe or potentially unsafe employment of staff because all of the required recruitment checks and information had not been obtained. Regulation 21 (a) (i), (b)

This section is primarily information for the provider

Enforcement actions

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