Colleycare Limited

St Leonards Care 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

St Leonards is a care home that is situated in the Chiltern Hills in Buckinghamshire. The home is a traditional style care home that is registered to provide accommodation for up to 45 older people.
The home has two units; one supports people living with dementia, whilst the other is a residential unit where people live as independently as they are able.

The inspection took place on 18 and 19 August 2016 and was unannounced. The inspection was carried out by one inspector. The service was previously inspected in May 2014 when it was found to be fully compliant with the regulations. At the time of our inspection there were 45 people using the service. The service had a registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
People's feedback regarding the home was complimentary one person told us, "Yes fine, very good, I am lucky". Another person told us, "Everyone's lovely, I don't think we could find a better place". We saw people were cared for with compassion and respect. Staff were well trained and motivated. The registered manager provided effective leadership to the service and held regular residents meetings to ensure people were involved in the running of the home. One member of staff told us, "Although the job is challenging, I feel supported, the registered manager is very hands on".

People were safeguarded from abuse and neglect as staff demonstrated good knowledge of what to do if they suspected someone had been inappropriately treated. The provider was reporting instances where this had occurred to the local authority.

Staff had received training in safe handling of medicines and had been competency assessed to support them in the role. However, medicines were not always managed effectively. Staff had received training in areas such as fire safety, mental capacity and moving and handling. Regular supervisions and appraisals were taking place to ensure staff felt supported in their role.

People's privacy was maintained and they were treated with respect.

Care plans and risk assessments required improvement to ensure high quality care was provided. We found examples where the risks identified were not followed through in people's care plans. One person we spoke with told us "I think I have got a care plan I've heard them talk about it". Whilst family members told us they were involved in regular reviews with their relatives care plan.

Activities were planned and people were encouraged to participate either in groups or on a one to one basis. We found people's care was person centred; people were involved in activities or spending time on a

task of their choice as they wished.

The atmosphere in the home was warm and welcoming one person told us their family chose this particular home because it was homely.

There were systems in place for monitoring, and auditing to enable improvements in the quality of care. However, internal audits did not always identify shortfalls.

We have made recommendations that care plan audits and medication audits are robust, to ensure areas for improvement are identified and action plans implemented as required.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to assessing the risks to people and ensuring care meets people's needs. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

Risks were not always appropriately assessed and staff had not been provided with guidance on how to manage risks.

Medicines were not always managed safely. We found staff had not always signed for the medicine that had been given.

Is the service effective?

Good

The service was effective.

Staff were well trained and motivated to effectively support people.

Induction procedures were robust and appropriate for new members of staff.

Staff understood the requirements of the Mental Capacity Act and people's choices were respected.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. People were consulted with end of life care arrangements when needed.

People's views were sought through regular meetings.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were not always regularly updated to reflect changing needs.
People had not always been involved in developing their care and support plans.

People had a range of activities they could be involved in. People could choose what activities they took part in and suggest other activities they would like to complete.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had to use disciplinary procedures with some members of staff as they had not consistently displayed appropriate values and behaviours towards people.

Internal audits did not identify shortfalls.

The service worked collaboratively with other professionals to ensure people's health needs were met.□

St Leonards Care 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.

The inspection took place on 18 and 19 August and was unannounced.

The inspection was carried out by one inspector. The service was previously inspected on 22 May 2014 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and incidents. Prior to the inspection a Provider Information Return had been submitted. This is a form that asks the provider some key information about the service what the service does well and any improvements they plan to make.

During the inspection in order to gain further information about the service we spoke with three people who used the service and three visitors. We also spoke with three members of staff a visiting professional, the registered manager and a volunteer. We contacted the local authority following our inspection.

In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included two Medication Administration Records(MAR) a stock check of medicines, four staff files, five care plans, training records, meeting minutes, quality audits policies and procedures and the duty rota.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us "I don't think we could find a better place, I would tell them if I had any worries. I can talk to them, I feel safe here". A visiting relative told us "I would give it 10 out of 10 if I could".

Staff had knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. All the staff we spoke with were able to explain the services procedures in relation to the safeguarding of adults.

Occasionally people became upset, anxious or emotional. For example one person was anxious during our visit, they told a member of staff they were 'fed up with it all'. The member of staff was able to respond appropriately and reassured the person. When we spoke with the member of staff they were able to demonstrate strategies used to reassure the person. This meant staff knew the people they supported and took measures to respond appropriately.

People were not always being protected against risks and action had not been taken to prevent the potential of harm. For example, one person was diabetic and received regular visits from the district nurse to administer their insulin. However, the person did not have a risk assessment in place in the event of complications which could arise as a result of their diabetes. Such as hypoglycaemia or hyperglycaemia attacks. Both these conditions would require immediate action from staff until medical assistance arrived. We spoke with the senior member of staff and the registered manager who said they will address this. The same person had not had their Personal Emergency Evacuation (PEEP) updated to reflect their current mobility ability.

Another person's risk assessment for moving and handling informed staff the person 'walks a few steps' and 'moves independently' whilst in bed dated 23/5/2016. However we were aware the person is now supported in bed as they are no longer mobile and had a positional change chart in place as they are unable to move independently in bed. We spoke with the registered manager and a senior member of staff who confirmed the person is now immobile.

Arrangements to review accidents and incidents were in place to identify trends. However, from the falls monitoring documentation we could not see what action had been taken to minimise repeated falls. For example we were aware several people had repeatedly fell, one person had 18 falls from April this year. The falls monitoring chart informed staff the reason may be because of poor eyesight. The person had been reviewed by the GP who had made a referral to the eye clinic at the hospital. However, the person had not attended the appointment. We spoke with the registered manager about the appointment and they told us they are still waiting to hear from the hospital. We could not see any documentation in the person's care plan or daily notes to inform staff the appointment has not yet been attended. However, the registered manager has confirmed that they are following this up with the hospital. Furthermore, a risk assessment to reduce the risk of further falls to support the person who may have sight difficulties was not in place.

Another person had fallen10 times since 24 June this year up to 1 August had a care plan that documented 'able to use frame safely but may need supervision'.Information in the person's care plan was not available to suggest why the person's needs had changed. This meant that some people's care plans did not always reflect their current support needs.

We recommend risk assessments identify current support needs and this is reflected in people's support plans.

There were sufficient staff to meet people's basic needs. However, staff were not always deployed in a way that kept people safe. We were aware one of the units did not have a member of staff present for a short period of time. The member of staff told us they had only gone for a short time to collect some 'paperwork'. However, this meant people who were mobile could have fallen or may have required attention. This was collaborated when we spoke to the visiting professional who told us sometimes staff were not visible.

The service followed safe recruitment practices. Staff told us they had an induction before they were able to work unsupervised. Staff files we looked at included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service DBS. The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work especially that involve children or vulnerable adults.

People's medicines were not always managed and administered safely. We observed a senior member of staff administering medicines and found them to be competent and knowledgeable about people's medicines. However we found a total of 11 missing signatures on the MAR charts we looked at. This puts people at risk of receiving a double dose of medicine if staff found the chart had not been signed. We brought this to the attention of the registered manager during our feedback.

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Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "Wonderful, nothing but praise, communication is great. If [name of person] deteriorates they can 'flow' into the next unit". Other comments included, "They have been really good with [name of person] we picked this home because staff were friendly and caring we have never had any problems".

Staff told us they had the training to meet people's needs. Staff confirmed they received a through induction in order to support people. Records showed that all staff had completed training in safeguarding, Mental Capacity, Deprivation of Liberty, moving and positioning, and infection control. Staff had on-going updates of training thereafter.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. A visiting professional told us "I have no concerns standards are what I would expect".

People were supported by staff who had supervisions (one to one meeting) with their line manager. One member of staff told us "I've had managers who don't come out of the office. But the manager is 'hands on' that's what I love about them". A new member of staff said "It seems good so far".

People's consent to care and treatment was sought in line with legislation. The members of staff and the registered manager we spoke with had a good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment.

People were supported during meal times. Meals were served promptly and where people required a particular diet such as a 'soft diet' this was catered for. The home operated a phased meal time to ensure that people who may need extra support are given time to enjoy their meal. We observed the lunch time meal and found people were relaxed and enjoyed chatting with other people and staff. The home had a volunteer who assisted during lunch time. Staff commented "They [volunteer] are a godsend".

People were referred appropriately to the dietician and speech and language therapist if staff had concerns about their well-being. We saw one person was on a 'soft' diet due to a recent hospital admission. However, we could not see a specific care plan to advise staff of the consistency of foods to be offered.

We recommend care plans to be specific regarding foods offered for people who have received advice from the speech and language therapist.

People had access to health and social care professionals. Records demonstrated the service had worked effectively with other health and social care services. We spoke with a visiting professional during our

inspection who spoke positively about the service.

Good

Is the service caring?

Our findings

People said they were happy in the home. A visiting relative said, "I can't complain, the staff are supportive to me as well".

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. We saw a comments and suggestion box around the home and the service carried out an annual satisfaction survey.

The minutes of meetings were placed in the lounge areas in an easy read format for people to read.

People's care was not rushed enabling staff to spend quality time with them. This was demonstrated during our visit when we observed staff to spend time with people either reading with them or chatting about the day's events. Our observations during the lunch time meal demonstrated staff were attentive to people's requirements. People were able to spend time during lunch time talking with both staff and people, at a pace dictated by the person. The volunteer who worked at the service provided additional support to people when required. Staff and people told us, "We don't know what we would do without them".

The home was spacious and allowed people to spend time on their own if they wished. One person told us, "I don't do a lot of activities, noise bothers me, and so they take me out".

The relationships between staff and people receiving care demonstrated dignity and respect at all times. For example, staff knocked on people's doors and waited for a response before entering. We saw some people were cared for in their bed due to their frail condition. We observed staff ensured the person and their visitor were offered drinks throughout the day.

People and their families were given support when making decisions about end of life care. The home had support from the GP and palliative care team during this time. We saw evidence of this during our visit; one person had been assessed as requiring end of life care. There were anticipatory medicines in place in the event of the person requiring these. We spoke with the person's relative who commented positively about the care and support their relative received.

Requires Improvement

Is the service responsive?

Our findings

People or their relatives were not always involved in developing their care plans. One relative said they have regular reviews. However, one person we spoke with told us "I think I have got a care plan I've heard them talk about it". We saw some people's care plan agreements had not been signed and some monthly evaluations had not been completed. We brought this to the attention of the registered manager during our visit.

People's needs were not always reviewed regularly and when changes in support needs occurred. For example, a person who returned to the home following a hospital stay now has no mobility and requires assistance. The person's care plan had not been updated to reflect this. The information documented in the care plan states, the person 'walks a few steps' dated 23/05/2016. This puts the person at risk of receiving inappropriate care if an agency member of staff is working in the home and is not aware of the persons current support needs.

Another person's care plan identified that the person was a high risk of malnutrition dated 28/06/2016. The person's weight had been recorded as 42.80kg and the malnutrition status in the persons care plan was identified at 'high risk' the information was 'to refer to GP'. However, when we spoke to the registered manager about the outcome of the GP referral they said they had not been referred as the person has full capacity and knows if they want to eat or not. This puts the person at further risk of receiving inadequate calories to maintain their weight. In addition this does not support the identified risk as indicated in the person's care plan. However, records demonstrated the person's weight remained stable.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were supported to have one to one sessions as they wished. One person told us they did not like the noise of group activities and told us they were supported to attend shopping trips as an alternative. In addition the home had a variety of entertainers who visited the home. This was demonstrated when the activities were taking place on the second day of our inspection. An 'Elvis' interpreter visited the home and was singing to people. Staff spent time with people during the singing session and supported them to join in. The activity was clearly enjoyed by everyone.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The home had a complaints policy in the front entrance hall. There had been 11 complaints since our last inspection and these had been investigated appropriately and the results shared when necessary and used as an opportunity to review practice.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was a role model. Staff told us they were always visible and hands on. This was demonstrated throughout our visit when we observed the manager assisting people during lunch time and at other points throughout the day.

One person told us, "I can speak with them if I want to." Relatives told us "We have never had any problems". The service had a clear vision and set of values that includes involvement, compassion, dignity and independence. The service actively encouraged staff to sign up for the 'Dignity challenge'. The dignity challenge aims to promote the quality of care and experience of people using services.

There were a range of audits and systems in place to monitor the quality of the service. Monthly audits were undertaken by the registered manager. However, internal audits did not identify shortfalls.

We recommend care plan and medication audits are robust to ensure areas for improvement are identified and action plans implemented as required.

The service encouraged open communication with people and staff; the registered manager observes practice each day and uses this opportunity to speak with staff and people which enables a balanced feedback to be given where appropriate. The registered manager ensured that people had the ability to be involved in the running of the service. One person told us, "We have monthly meetings to air our views; the only thing that niggles me is they don't put my flannel back in the right place". The minutes of meetings were placed in the lounge areas in an easy read format for people to read.

The registered manager had to use disciplinary procedures with some members of staff as they had not consistently displayed appropriate values and behaviours towards people. They told us, "It was a learning curve." This demonstrated that the registered manager was committed to ensuring that the staff team worked in line with the values of the provider.

There were a number of quality assurances in place, for example, customer satisfaction surveys, regular team meetings, audits, and the reviewing of policies and procedures.

The service had good links with the local community. One example of this was the local primary school who are learning about dementia and visit the home to sing to people or to read poetry. One local church provides pastoral care on a regular basis.

Accidents and incidents were recorded by staff and reviewed by the registered manager. However, we could not always see where reoccurrence occurred, investigations to determine the cause were taking place. For example, where people had repeatedly fallen over a period of time, systems were not always in place to minimise further incidents.

The service had notified the Care Quality Commission about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

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 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 Risks were not assessed appropriately for people receiving care and support