

## Stennards Leisure Retirement Home

# Stennards Leisure Retirement Home (KN)

### Inspection report

150-152 Middleton Hall Road  
Kings Norton  
Birmingham  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected this home on 21 July 2015. This was an unannounced Inspection. The home was registered to provide care and accommodation for up to 25 older people. At the time of our inspection 21 people were living at the home some of whom were living with dementia or who had additional mental health needs. Nursing care was not provided. The accommodation was

provided in both single and shared bedrooms; the home had bedrooms and bathrooms on the ground and first floor. There were shared lounges and dining facilities on the ground floor. Lift access was available to all floors.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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 using this service were safe. Staff knew how to recognise when people might be at risk of harm, and were aware of the provider's procedures for reporting any concerns. There were systems and processes in place to protect people from harm. People told us they were encouraged to raise any concerns they had.

All the people, relatives and staff we spoke with told us there were enough staff to meet people's needs. Staff had been trained and had been supported to obtain qualifications to enable them to ensure that care provided was safe and followed good/best practice guidelines. Robust recruitment checks were in place to ensure new staff were suitable to work in the home.

People had received their medicines safely. We observed staff practising good medicine administration. We checked records and stocks of medicines and these indicated people had received their medicines as the doctor had prescribed.

Care plans contained guidelines and risk assessments to provide staff with information that would protect people from harm. Measures had been put into place to ensure risks were managed appropriately; ensuring people were involved in making decisions which minimised restrictions on their freedom, choice and independence.

People were supported to stay healthy. Opportunities were provided and people were supported to have access to a wide range of health care professionals.

People's nutritional and dietary needs had been assessed and people were supported to eat and drink sufficient amounts to maintain good health. People told us they had access to a variety of food and drinks which they liked and enjoyed.

Staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). They had ensured people received the assessments and support they required and had made the necessary applications to the local supervisory body for Deprivations of Liberty Safeguards (DoLS).

People's needs had been assessed and care plans developed to inform staff how to support people in the way they preferred.

People who lived in this home and where appropriate people's relatives, told us that they were happy with the care provided and that people were treated with kindness, compassion and respect. People told us they continued to pursue individual interests and hobbies that they had earlier in life.

People knew how to raise complaints and the provider had arrangements in place so that people were listened to and action could be taken to make any necessary improvements.

We received consistent feedback that Stennards (Kings Norton) was a good place to live, to work and to visit. People told us the home was well-led by approachable managers.

# 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 safe.

People were kept safe by staff who could recognise signs of potential abuse and knew what to do when safeguarding concerns were raised.

There were established systems in place to assess and plan for risks that people might experience or present.

There were adequate numbers of staff that could meet peoples' needs.

Medicines were safely managed.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills they required to meet the needs of the people they supported. Staff felt supported and received supervision on a regular basis.

Staff had a good understanding of the Mental Capacity Act 2005 and how to get authorisation for a Deprivation of Liberty (DoLS.)

People were supported to have enough to eat and drink and were supported to maintain good health.

Good



### Is the service caring?

The service was caring.

People, relatives and professionals consistently told us staff cared and worked with kindness and compassion.

Staff had a good knowledge of people they were caring for, including their preferences and individual needs.

Staff provided good care and promoted people's dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People were supported to maintain relationships which were important to them and promoted their social interaction.

People were involved in planning their care and had been supported to pursue their interests and hobbies within the home and in their local community.

People and their relatives were aware of how to make complaints and share their experiences.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People, relatives and professionals told us that the management team was effective and approachable.

The home promoted an open culture between people, relatives, staff and visitors.

Managers were clear about their roles and responsibilities and staff knew what was expected of them.

# Stennards Leisure Retirement Home (KN)

## 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 21 July 2015 and was unannounced. The visit was undertaken by one inspector.

Prior to the inspection we looked at the information we already had about this provider. The provider was asked 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. This information was received when we requested it.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur

including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. Prior to our visit we also spoke with service commissioners (people that purchase this service on behalf of people living at the home) and two general practitioners to obtain their feedback. All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with six of the people living at the home, spoke at length with eight members of staff, spoke with four relatives of people living at the home, and one health care professional. We spent time observing day to day life and the support people were offered. We looked at records about staff recruitment, training, care and support and the quality and audit systems in place at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

# Is the service safe?

## Our findings

We were told by people using the service and their relatives that staff kept them safe. Comments from people included, “I feel safe and well looked after here”; “I’m very safe here”. People told us that if they did not feel safe they would tell the managers. Relatives of people who lived in the home supported this and told us, “[name of relative] is safe here”; I’m happy that [name of relative] is here and I know they are safe and not on their own”.

We spoke with eight members of staff; all had received safeguarding training and were able to describe types of abuse people were at risk from. Staff told us that if they had concerns they would pass this information on to a senior member of staff and were confident this would be responded to appropriately. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe; which demonstrated staff’s understanding and knowledge of keeping people protected from harm.

We looked at accident and incident records which were clearly recorded and outcomes detailed. Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents.

There were sufficient numbers of staff on duty to meet the individual needs of people using the services. We were told by people, “There are always enough staff to help us”. On the day of the inspection relatives told us staff were always available to help their relatives. One comment included, “Staff are always around when I come and visit and there are plenty of them”. Staff we spoke with informed us there were always enough staff on duty and if someone was unable to come on duty they were covered as quickly as possible or the managers would come and help. The registered manager told us that they monitored staff levels and would increase staffing levels if a specific need was identified; she added that they had recently introduced a staffing level assessment tool which had helped to corroborate their current staffing levels.

The risk assessment records for people who used the service that we read had been assessed and action had

been planned and taken to keep people safe, whilst still promoting people’s freedom, choice and independence. Staff told us that they were quick to report anything they identified that might affect people’s safety.

The recruitment records we saw demonstrated that there was a recruitment process in place. This included checks of staff identification, references and Disclosure and Barring Service (formerly Criminal Records Bureau). This had been undertaken thoroughly to reduce the risk of unsuitable staff being employed by the service. We spoke with a new member of staff who told us, “I haven’t been here very long, I am doing my induction and did some shadowing (observing more experienced staff) with other staff before I was left on my own”.

During the inspection we observed transfers and moving and handling techniques being completed in a safe and dignified manner. People were not rushed by the staff supporting them. Supporting records confirmed that lifting equipment had been regularly tested and serviced. This meant people could be confident that staff had the appropriate skills to use the equipment and that the equipment was well maintained for safe use.

Medication was safely managed in the home. One person told us that their prescribed medication was always administered as necessary, “I have my medication at the right time”. During the inspection, we observed a member of staff preparing and administering medication to people with appropriate drinks to aid them to take medicines; this was undertaken safely and people were encouraged to assist in their administration which promoted their independence. There were clear systems and protocols in place for most of the medicines we checked. We saw the records and stocks of medication held for seven people which showed that people had received their medicines as prescribed, however, two medicine protocols were not in place for medicines that are prescribed for “use as needed” (PRN) this meant some medicines could be at risk of being administered incorrectly.

People had been supported to make decisions about managing their own medicines. Facilities for the secure and safe storage was provided as needed in people’s own rooms. We observed secure and safe storage of medicines in one person’s own room. People were supported to manage their own medicines safely to promote people’s independence and choice.

## Is the service safe?

The supplying pharmacist had recently undertaken a medicines audit at the home which suggested robust systems were in place for the management of medicines. Senior staff told us they had received training to administer medication and had been assessed as competent to undertake this.

We observed that medicine trolleys were locked and secured when not in use and medicines were stored in line with current and relevant regulations and guidance.

# Is the service effective?

## Our findings

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. All of the staff we spoke with told us they were supported and well trained. A relative we spoke with told us “Staff are trained how to support people living with dementia”. Staff told us they received regular supervision from their manager. Records we saw confirmed that regular training had taken place to ensure staff skills and knowledge was continually developed; however, the registered manager had no system in place to monitor and assess how the knowledge and skills of the staff were being put into practice. Staff told us they received handovers from senior staff before they started their shifts and said communication was good within the team.

Staff we spoke with had been provided with training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). All the staff who spoke with us were confident about how to comply with the MCA and were aware of the deprivations that had been identified for some people living in the home. We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately and that any restrictions were appropriately assessed and authorised. Records and discussions with the registered manager identified that the necessary applications to the local supervisory body for Deprivations of Liberty Safeguards (DoLS) had been made.

One person told us they went out every day, without staff support. They explained the system in place to ensure they remained safe. This enabled the person to make decisions about risks and maintained their freedom.

Staff we spoke with were inconsistent in describing people’s individual requests for end of life preferences. The registered manager informed us that the home was currently putting formal processes into place for individual people; this will be shared with staff when completed.

During the inspection we observed staff offering choices and seeking consent from people regarding their individual needs. For example, staff asked if they could enter people’s own rooms, asked people what they would like to eat and drink and asked people if they would like to participate in activities.

People told us they had access to a wide range of different food and drinks and that the food was traditional and

homemade. The people we spoke with all said the food at the home was good. One person said; “Lovely food, very tasty and lots of choice”. Records of meetings that people attended confirmed that people were involved in menu planning and involved in decisions about what they wanted to eat and drink. We observed one person asking for something different for lunch, which was responded to promptly.

It was clear from the chatter and laughter at lunch time that mealtimes were relaxed, unhurried and informal. People told us and we observed that people could choose what to eat from a variety of freshly prepared food, which was well sized and well presented with appropriate cutlery. People were independent during mealtimes and there were good interactions between people and staff.

One record for a person who lived in the home identified that a recent nutrition and swallowing assessment had taken place; the person had been involved in the decision making for their nutritional and hydration plan.

We observed drinks being offered to people throughout the day, and people told us that they had plenty to drink; however, drinks were not freely available for people to access them independently. This meant some people only had a drink when they asked or were asked by staff; which limited people exercise of independence.

In the kitchen we saw a two week rolling menu plan. We saw refrigerators were well stocked with a variety of fresh produce for main meals and snacks. The cook had a clear understanding of people’s nutritional needs and was able to describe arrangements for specialist diets.

We saw staff monitoring people’s health and wellbeing and records showed they had liaised with professionals involved in people’s care. There was evidence to show referrals were made quickly to relevant health services when people’s needs changed. On the day of the inspection, staff described what had been communicated during handovers at different times during the day and were consistent with their feedback to us; this meant staff were aware of changes in people’s support needs, and could monitor them and provide additional support if required.

We were told by a visiting health professional that they had no concerns about the quality of care people received and staff were helpful and always followed their advice and



## Is the service effective?

guidance. A person living at the home said, “If I need my doctor, they are always called.” Relatives we spoke with confirmed this and told us, “Staff always let me know if [name of relative] is unwell, communication is very good.”

We contacted two local GP practices before our inspection who gave positive comments that people who lived in the home were supported to maintain their health. They spoke highly of the management and staff and the general atmosphere and running of the home.

# Is the service caring?

## Our findings

We were told by people and their relatives that staff were kind, caring and helpful. Comments from people included, “Staff are thoughtful and kind”; “I love the staff here, they will do anything I ask them; “Staff here are the very best”. Relatives also told us, “Staff are kind and helpful”; “Staff are so friendly and lovely to people”; “I couldn’t wish for a nicer group of staff”.

People and relatives we spoke with told us they were able to visit without being unnecessarily restricted, however, we observed information on the front entrance of the home requesting no visitors after a specific time; this meant that there were restrictions to visiting. The registered manager informed us that visitors can visit the home at any time and that the information on the door could now be removed. People we spoke with supported this and told us, “My family come and see me all the while; sometimes they stay and have a meal with me”; “My relatives can come whenever they want to”. A relative of a person who lives at the home told us, “I visit most days, I’m welcomed by the staff, and they are like a big family to me”.

Some rooms within the home had recently been redecorated and people had been consulted in respect of selecting the colour scheme they preferred. One person told us, “I love my room; I have a lovely view of the garden”.

We observed positive and respectful interactions between people and staff. People were supported with kindness and compassion and there was a relaxed atmosphere in the home. The staff we observed responded to people’s needs in a timely and dignified manner. One member of staff told us, “I just treat people how I would want to be treated myself”. A relative we spoke with said, “I like how staff support [relatives name] to be independent”.

The staff we spoke with told us they enjoyed supporting people and knew people’s preferences and personal circumstances. Staff supported and respected people’s choices; we saw people choosing what they wanted to eat for their lunch and where they wanted to sit in the lounge.

We saw that people had lockable facilities to store valuables in their own rooms and that they had their own keys; this meant people’s independence and privacy was respected.

We saw that staff actively engaged with people and communicated in an effective and sensitive manner. All the relatives we spoke with were pleased with the support and care their relative received and praised the staff. People told us they were able to choose what to do in their lives.

People we spoke with told us they were listened to and were able to make their own decisions; this included how they wanted their personal care undertaken, what they liked to wear each day, and what time they would like to go to bed. One person’s comments included, “The staff know me well”.

We observed one person in distress and saw immediate action was taken by staff to support and reassure the person in a caring and meaningful way.

The staff we spoke with had a good appreciation of people’s human rights. We observed staff in practice showing how they upheld people’s rights and staff told us, “I always knock and wait to be called into someone’s own room”, and “I ensure toilet doors are shut to respect dignity”.

There were three shared bedrooms in the home and the provider had arranged privacy screens in the rooms to improve privacy and dignity for people. Five staff we spoke with described how they promoted people’s dignity in the shared rooms, for example, using the privacy screens at all times and using the en-suite bathrooms.

# Is the service responsive?

## Our findings

People and relatives of people who used the service told us they were happy with the quality of the care provided and that the service met their individual needs. People told us they had been involved in the planning of their care.

People's comments included, "I told [name of manager] what I like and what I don't like and she put it in my record"; "Of course I was involved, I choose what I want"; "Yes, I was involved and said what I would like to happen to me when I pass away". A relative we spoke with said, "I'm asked to contribute to [name of relative] care plan and it's looked at every month".

Care plans we saw included people's personal history, individual preferences and interests, they reflected people's care and support needs by using documents stating 'A day in the life of....' these had been regularly reviewed. Staff we spoke with told us they had access to the care plans and spent time with people and their relatives to discuss individual preferences which contributed to the care plans.

We looked at the arrangements for people to participate in leisure interests and hobbies. Some people told us they enjoyed spending time in their bedrooms and others said they enjoyed the entertainment that was organised. Activities organised had included singers and exercise classes, pizza making, memory lane activities and occasional visiting entertainers or specialists. People told us they had recently enjoyed a recent visit by a falconer who had brought some birds of prey for people to see at the home. People's comments included, "Yes, there is plenty going on, but I choose to spend my time in my room with my television and iPad"; "We had a visit from some birds recently, they were beautiful"; another person said "I love art and collect pictures; my room is full of them".

A person who lived at the home told us "I go to my preferred place of worship every week and then have lunch out with my friends"; this demonstrated respect for people's individual religious beliefs.

We saw good interactions between people, staff and visitors. Some people preferred to take their visitors to private areas of the home. People were supported to maintain relationships with people that matter to them and in privacy. One relative told us "I visit most days and staff always welcome me and offer me a cuppa".

People and staff we spoke with described how they supported people to remember and celebrate birthdays with people who were important to them. This included birthday parties and events to celebrate special occasions. A person who lived at the home said, "The birthday cakes are lovely".

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home. Records identified no complaints had been received during the past twelve months; we saw that previous complaints had been investigated and responded to appropriately.

We asked people and their relatives how they would complain about the care if they needed to. People's comments included, "I would tell [name of managers] and they would help me"; "I could tell anyone and they would help me". People and relatives we spoke with were aware of the complaints procedure and told us about the complaints box and the "grumbles book" that were situated in the reception area.

Staff that we spoke with had a good understanding of the complaints procedure and who they would refer the complaint to and were confident that all concerns would be taken seriously and responded to appropriately.

People and relatives we spoke with were encouraged and supported to give their views about any aspect of their care or the running of the home. A person's comment included, "I'm constantly asked if there is anything I want". One relative told us, "I complete a satisfaction form, I'm always happy with everything". Records of meetings demonstrated that people were asked for feedback on the running of the home. Some comments from feedback surveys included, "It's like the Ritz here"; "Home from home".

# Is the service well-led?

## Our findings

People who lived at the home and their relatives spoke positively about the registered manager and the care manager, feedback was consistently good; people knew the managers by their names and spoke very highly of them and told us they could approach either one of them at all times. We observed both managers interacting with people using the service and their visitors whilst continually supporting the staff. People we spoke with told us the manager's spent time talking to them and knew them well. A comment from a person living at the home included, "[name of the managers] are both very kind and helpful". One relative told us, "I have a great relationship with [name of the managers]".

We spoke with the registered manager and the care manager and they demonstrated a good knowledge of all aspects of the home, including the needs of the people living there, support for people's relatives and the staff team. The registered manager was aware of current changes to legislation and national initiatives; this meant they were using resources and support systems to develop the team and improve services.

People, relatives and staff told us the home had an open and honest approach; we were told that everyone was supported and encouraged to share any concerns and in confidence; this meant people were confident enough to share concerns which encouraged open communication.

People and their relatives had been supported and encouraged to complete questionnaires about their views and opinions on how the home was run and what could be done to improve the home. The data showed that the majority of people and their relatives were satisfied with the service being offered. The registered manager and

provider were planning to collate and analyse all the data to continually improve the service this meant people could be assured they would receive a service that was continually improving and developing.

The staff we spoke with told us that the management team was always visible and approachable. Staff comments included, "The managers are very supportive to us and always listen to what we say"; "Whatever I say to the managers is always in confidence"; "I've worked in other homes and this is the best led one, everything runs smoothly and there is never chaos". Another staff member also made comments about team work; "There is great team work here, we all work together". Staff told us they were happy in their work.

The provider had a clear leadership structure which staff understood; having two managers in post ensured continuity of leadership when either of the managers was unavailable to offer support and guidance to staff. Staff we spoke with were clear about their role and what was expected from them. Staff were able to describe the responsibilities of their role.

A range of informal systems of communication were in place within the home. We found these had been effective at ensuring staff had the information they required to provide people with the care and support they required. Records of staff meetings identified that formal meetings were held regularly. This was a way of ensuring communication within the home was effective.

A number of quality assurance audits had been completed by the registered manager; these had been used to ensure the home had robust records and to drive forward continuous improvements. The registered manager had plans in place to review trends and themes in order to measure the delivery of care.