

Mr & Mrs F Bartlett

# St Leonards Rest Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Leonards Rest Home is a residential care home that provides accommodation for up to 15 older people who may require personal or nursing care. At the time of the inspection 12 people were being supported and some people were living with dementia or other cognitive impairments.

During our previous inspection in October 2019 we identified five breaches of regulations. We took enforcement action and issued two warning notices. This was to ensure effective systems were operated to ensure compliance with regulations and to monitor and improve the quality of the service provided. At this inspection we found enough improvements had been made; however, there was a need to sustain the improvements made and to make further improvements. The service has been rated as requires improvement as it met the characteristics for this rating in the two inspected key questions. More information is in the full report.

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

Overall enough improvements had been made to protect people from the risk associated with poor prevention and control of infection, in the providers understanding of safe operating procedures and in the monitoring and improving the quality and safety of the service.

Improvements were still needed to ensure the provider followed their infection control and prevention procedures. We have made recommendations about some waste disposal, storage areas and the garden areas of the service.

Since the previous inspection the provider had improved their quality assurance audits however improvements were still needed to ensure they were effective. We have made recommendations about reviewing their safeguarding and quality assurance systems in line with best practice.

People told us they felt safe. Medication administration records (MAR) confirmed people had received their medicines as prescribed. The emotional well-being of people during the COVID-19 pandemic had been prioritised by the provider.

Staffing levels were meeting the care needs of people living in the service. Recruitment records showed staff were recruited safely and in line with current legislation. Staff felt supported and were positive about the internal improvements that had been made to the service since the previous inspection.

The provider was engaging with external professionals to address fire safety concerns and to update their care planning documentation.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 09 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found enough improvements had been made and the provider was no longer in breach of the regulations in four of the five previous breaches.

This service has been in Special Measures since April 2020. During this inspection the provider demonstrated that enough improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 08 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Leonards Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to the provider failing to comply with the requirement to display their rating appropriately at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Leonards Rest Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to review the Key Questions of Safe and Well-led only. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced. However, having consideration of the coronavirus pandemic we gave the registered manager notice of our arrival from outside the premises. This was to ensure safe systems were in

place to protect everyone.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. Some people were not able to fully share with us their experiences using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We reviewed a range of records. This included care records for two people and multiple medicine records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We spoke to four members of staff including the provider, registered manager, care manager and a care worker.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one relative and five professionals who are familiar with the service. We asked staff to complete questionnaires to obtain their feedback about leadership and the quality of care provided. We received two responses. We asked the provider to send us additional information. We did not receive everything we requested.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

At our previous inspection the provider had failed to protect people from the risk associated with poor prevention and control of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the previous inspection the provider had carried out extensive internal environmental improvements which had addressed some of our previous concerns. One staff member told us, "The appearance of the inside of the home really did need improving as it was very old and tatty... I feel this is a home I am proud to work in."
- All the internal communal areas had been redecorated with new furnishings, such as flooring, dementia friendly signage, toilet seats and handrails. Although COVID-19 had impacted on the renovations, the provider told us how they had managed the disruption and shared the revised timescales for completion. One staff member told us, "All the updates within the home, i.e. bathrooms, bedrooms and communal areas, have had a great impact on the home. The residents are really happy with the improvements, as are the families."
- At the previous inspection we had been concerned about the cleanliness of the bathrooms, food storage areas, flooring, walls and handrails. We observed that the home was clean and hygienic.
- The provider had implemented weekly cleaning schedules and audits which showed people's rooms were being cleaned daily and deep cleaned every week. Communal areas were being cleaned and tidied daily. There were systems in place for carpet cleaning and deep cleaning of the lounge chairs when needed.
- The care manager told us staff cleaned high touch points, such as light switches, handles and door handles were cleaned with twice a day. However, these were not recorded in the cleaning records shown to us so we could not be assured staff could effectively monitor that these were being done.
- The housekeeper had procedures in place to deal with laundry safely and cleaning equipment was dedicated to certain tasks and areas of the home to avoid cross contamination. They kept a check on stock levels of cleaning supplies and informed the provider when more stock was needed.
- Staff had received training in infection control and COVID-19 and understood how to put on and take off personal protective equipment (PPE) safely. There was a designated area for this. The provider told us they had sufficient supplies of PPE and staff confirmed this.
- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

However, whilst the provider was no longer in breach of regulation 12, there were aspects of the service that were not always safe.

- The provider had an infection control and prevention manual which included information about different types of infections and guidance for staff to follow to minimise the risks identified. We found some of this guidance had not always been followed.
- An example of this was the disposal of waste containing bodily fluids. We found in one bathroom that a soiled continence pad had been put directly into a small swing bin and not into a bag as stated in the guidance. We discussed this with the provider as we were concerned this exposed staff and people to a source of bacteria. We also discussed best practice, foot operated pedal bins should be used to eliminate the need for staff and people to touch any bins with their hands. The provider disagreed with us about the best practice and told us they would not be changing to pedal bins.
- Two people had been prescribed cytotoxic medicines (a group of medicines that contain chemicals) which have specific risks attached to them and can harm others if they come into contact with the medicines or bodily waste from the person. We received a care plan for one of the people and noted they used continence pads. We were concerned that potential risks were not always being appropriately managed in relation to the disposal of waste containing bodily fluids.

We recommend the provider follows their infection control and prevention manual in relation to the disposal of waste containing bodily fluids.

- We found a number of toiletries on the window sill in one bathroom. This was a concern as there was a risk different people would use them and increase the risk of cross contamination. We discussed this with the provider who told us people would only use their own. The care manager told us they shouldn't be there and agreed to remove them.

#### Assessing risk, safety monitoring and management

At our previous inspection in April 2020 the provider had not displayed an understanding of safe operating procedures. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the previous inspection we had been concerned with poor lighting, clutter and loose handrails. We observed that the provider had replaced and secured the handrails and there was sufficient lighting. The clutter inside the home had been significantly reduced.
- Risks associated with the environment had been assessed and risk assessments contained basic explanations of the control measures for staff to follow to keep people safe.
- The provider had completed Control of Substances Hazardous to Health (COSHH) risk assessments for the chemicals used within the home which determined what actions were needed to protect people from harm.
- The provider had introduced regular health and safety checks with actions identified recorded and actioned.



- The provider had ensured the regular servicing and maintenance of equipment to ensure it was safe and fit for purpose.

However, whilst the provider was no longer in breach of regulation 12, there were aspects of the service that were not always safe.

- We identified some concerns about fire safety during the inspection. Following our site visit we contacted the Fire Service. Following the inspection, the provider has resolved the concerns we identified. The Fire Service visited the provider and identified additional issues. We were assured that the provider was working with the Fire Service to resolve them.
- Risks to people were mostly recorded in their care. However, care plans and risk assessments relating to mobility and falls risks did not always contain sufficient information to enable staff to carry out support safely. The risk was mitigated by how well staff knew people.
- Staff understood where people required support to reduce the risk of avoidable harm. A professional told us how they were supporting the provider to update their care planning documentation to ensure the required information was documented. One staff member told us, "We are a small home and know each and every resident really well."
- Plastic bottles of COSHH items were kept in an unlocked shed which was accessible to people and staff. This item was hazardous to people and could cause severe skin burns, eye damage and respiratory irritation. We spoke to the provider about the shed and were told that people did not access the shed and there was a door stop holding the door closed. The provider told us people had individual risk assessments in place and were supported by staff when in the garden where required. We remained concerned that the door was easily opened, and the shed was accessible to anyone.

We recommend the provider ensures all storage areas with COSHH products are secure.

- The garden was cluttered with neatly stacked items and had some cracked and broken paving slabs. We were concerned about the potential risk to people when accessing the garden areas. We spoke to the provider who told us that some of the items were being removed and were being stored there until disposal whilst other items were being stored in the garden whilst the renovations took place.

We recommend that the garden areas be decluttered, and the broken paving slabs made safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "They [staff] come very quickly. I have a buzzer in my room. If I need help, they come almost immediately. It's reassuring." Another person told us, "There is always someone there. I have a bell in my room. I feel safe, I didn't at home."
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. However, one professional told us, "There are issues around confidentiality and safeguarding; whilst satisfied they have put things in place to safeguard [people], their processes for managing safeguarding incidents needs to be clearer and more robust." The provider had some processes in place to manage safeguarding incidents, however it was not clear how they record and log safeguarding incidents.

We recommend the provider improve the recording of safeguarding incidents in line with best practice.

- Staff had the knowledge and confidence to identify safeguarding concerns and acted on them. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant

reporting procedures.

- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

#### Using medicines safely

- Medicines were managed and administered safely. People told us they were happy with the way staff supported them with their medicines.
- People had received their medicines as prescribed. Each person had a medicines administration chart (MAR) which identified the medicines they had been prescribed and how and when they should be taken. These had all been signed for by staff when given. Where people required time critical medicines, these were prioritised and recorded appropriately. One person had to have one of their medicines before breakfast and told us, "I have [name of medicine] and have to sit still for half an hour afterwards. The girls [staff] know what they [medicines] are for."
- Where people had been prescribed cytotoxic medicines there were appropriate risk assessments in place to inform and protect staff when administering them.
- There were protocols in place for any PRN medicines to be given 'as and when needed' such as pain relief. These included symptoms for staff to look out for, dosages and frequency of administration. One person told us, "Staff make sure I have it [pain relief] in the night. They write the time down, so I don't get an overdose."
- Medicines were stored safely and audited to ensure they were all accounted for, including Controlled Drugs (CDs). CDs require additional safeguards as they are covered by the Misuse of Drugs Act 1971. Administration and recording of these medicines were appropriately documented and counter signed by two staff.

#### Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had some procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence. However, learning from incidents had not always been updated into the relevant care plans and risk assessments for people. For example, the falls register identified learning for one person which had not been updated into their care planning documentation.

We recommended that the provider improve the recording of learning of accidents and incidents in line with best practice.

#### Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. People told us, "I don't have to wait" and "[They] keep me informed and if can't do it right then, they will come back."
- Staffing levels were based on the needs of the people living at the service. We observed sufficient staffing levels throughout the inspection.
- Recruitment records showed staff were recruited safely and in line with current legislation. New staff had criminal records checks carried out by the disclosure and barring service (DBS). The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially involving children or vulnerable adults.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the previous inspection the provider had failed to display the inspection rating at the service and on their website. This was a breach Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 20a.

- The provider was not always transparent with the general public, people using the service and their relatives. The provider's website stated the service was rated, 'Requires improvement' which was not the published rating from the last inspection report in April 2020.
- In addition, no link was provided to the last inspection report and no details of the Care Quality Commissions website address was displayed as required by the Regulations. The provider told us the website was outsourced to a contractor and it was due to be updated within the next two weeks. We asked the provider to address this and they advised they would. However, four weeks after our visit this had not been completed.
- We were unable to see the rating of the service located in a visible location in the home. We raised this with the provider who told us that it had been taken down to enable redecoration of the room. The provider resolved this during the inspection and displayed the rating within the home.

The provider failed to display the inspection rating on their website. This was a continued breach of regulation 20a (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the previous inspection the systems were either not in place or not effective in assessing, monitoring and

improving the quality and safety of the service or in mitigating risks for people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the previous inspection the provider had introduced regular quality assurance audits of care plans, risk assessments, maintenance, infection control and the management of the premises to assess, monitor and improve the quality and safety of the service. However, although the audits had been implemented, they were not always consistently completed fully. For example, the Health and Safety monitoring checklists did not always have the action plans completed.

We recommend the provider review their quality assurance system in line with best practice.

- The provider was working with a social care professional to update their care planning documentation.
- The provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.
- The feedback from staff about the provider was positive. Staff comments included "I have every confidence that if a problem arises the management team will deal with it professionally and accordingly in a kind and supportive manner.", "I find it very easy to suggest possible improvements or concerns" and "Yes I am supported by senior management and my team."
- There was a stable and consistent staff team who were skilled and motivated.
- The provider held regular meetings with staff to discuss quality of care and the development of the service. To ensure staff were kept updated and informed during the pandemic, the provider had implemented a COVID-19 information file for staff to refer to, as well as regular staff newsletters.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People told us they felt listened to.
- The provider told us how people had been supported to keep in contact with their relatives during the COVID-19 pandemic and how the well-being of people had been a priority. For example, supporting video calls for people and their relatives, regular newsletters and various activities to support people to be engaged.
- The provider had implemented measures to ensure staff continued to receive training and support throughout the COVID-19 pandemic. They ensured staff received updated information and guidance promptly and provided opportunities for staff to feedback.
- The provider and staff team told us how they worked collaboratively with a range of health and social care professionals such as social workers and GP's.
- Since the service went into lock-down in March 2020, visiting health and social care professionals had reduced their face to face contact with people in the service. However, the staff continued to keep in contact with them using a range of technology. This meant people continued to get support from their local healthcare services. One staff member told us, "We have been very fortunate that the local GP practice and district nursing team have provided us with excellent support."