

Stennards Leisure Retirement Home

Stennards Leisure Retirement Home (KN)

Inspection report

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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 ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on the 07 August 2018. Stennards Leisure Retirement Home (Kings Norton) 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. Stennards Leisure Retirement Home (KN) can accommodate up to 25 people. At the time of our inspection 21 people were using the service. Some people living at the home were living with Dementia.

At our last inspection on 21 July 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

There was a registered manager in post at the time of this 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 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 continued to receive care that made them feel safe. People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Risk assessments had been completed to show how people should be supported with everyday risks. Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond promptly to people's needs. Medicines were stored securely and records showed that staff received training and competency assessments before they were permitted to administer medicines.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were supported with their dietary needs and staff enabled people to access external healthcare services to promote their well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the records and systems in the service required some further improvement.

People received a caring service by staff who knew them well. The staff team continued to be caring and were committed to meeting people's needs with kindness and respect. People were supported to make their own choices about their daily lives. Staff interacted with people in a warm and kind way, respected people's privacy and dignity and promoted their independence.

People continued to receive a service that was responsive to their diverse and individual needs. Care plans

were personalised and contained details about people's preferences and their routines. People were supported to access activities to support their interests and well-being, including links with and trips out to the local community. Processes were in place to ensure complaints were responded to and resolved where possible.

People and staff were positive about the leadership skills of the registered manager. The service continued to be well-led, including making detailed checks and monitoring of the quality of the service. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions. The registered manager led by example and encouraged an open and honest culture within their staff team. People were supported to express their views and they were listened to and acted upon. The registered manager and their staff team worked together with other organisations to ensure people's wellbeing.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 unannounced comprehensive inspection took place on the 07 August 2018. The inspection team consisted of one inspector, two new inspectors who were shadowing and one assistant inspector.

As part of the inspection process we looked at information we already held about the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed other information we held about the service to aid with our inspection planning. This included past inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We also contacted other health and social care organisations such as representatives from the local authority commissioning team and Healthwatch to ask their views about the service provided. Their views helped us in the planning of our inspection and the judgements we made. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection visit, we met and spoke with eight of the people who lived at the home. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with three relatives of people and three visiting health professionals to get their views. In addition, we spoke with the provider's representative, the registered manager, two deputy managers, two care assistants, the cleaning supervisor and the cook.

We sampled care documentation for five people, medicines records, three staff files, staff supervision, appraisal and training records. We also looked at other records relating to the management of the service including audits and action plans; accident and incident records; surveys; meeting minutes and complaint and compliment records.

Is the service safe?

Our findings

At the last inspection on 21 July 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

The provider's safeguarding and whistleblowing policies ensured the risks of harm and abuse were minimised. People remained safe and were protected, as far as possible, from any form of abuse. Staff continued to receive appropriate safeguarding training and knew how to raise a safeguarding concern should they need to. Staff we spoke with told us some of the signs they had been trained to look out for that would indicate that the person might be at risk of abuse and what action to take if they had any concerns about people's safety. A member of staff said, "If I saw something wrong I would report it."

The provider's recruitment process ensured staff were suitable to work at the service. We saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Completing these checks reduces the risk of unsuitable staff being recruited.

People we spoke with told us they felt safe living at the home and with the support of staff. Relatives also said people were safe. One person told us, "I definitely feel safe." A relative said, "My nan is safe here; we have peace of mind." People's records included risk assessments related to their individual and diverse needs and abilities. For example, risks to people's mobility, nutrition and skin integrity were assessed and their care plans explained the actions they should take, to minimise risks to people's health and wellbeing. While all of the staff we spoke with had a good knowledge of individual people's health needs, the risk management plan in place for one person did not contain specific guidance for staff about how to support the person effectively to minimise the risk of potential self-neglect. Although this omission needed to be addressed within people's care records, the staff knowledge and skills meant that people were kept safe.

We looked at other risks, such as those linked to the premises, for example, fire safety practices. We found fire risk assessments were completed and staff we spoke with were familiar with the emergency procedure at the home. People had Personal Emergency Evacuation Plans (PEEPs) in place and these were up to date and reflected people's needs in the event of an emergency. In addition, potential environmental risk assessments of the building were completed to ensure the premises were safe. We spoke with the cook who advised the service had achieved a '5' star rating by the environmental health agency which meant they regarded the service as having good food hygiene standards.

Staffing ratios remained at appropriate levels to meet people's diverse, assessed needs. People were supported by sufficient staff and during the inspection, and we observed that staff were available to support people. One person told us, "There is always staff around if I need them." A relative said, "Staff are regular and the same faces."

People continued to be given their medicines safely by competent and appropriately trained staff. Medication was stored securely, maintained at the correct temperature and disposed of safely. Records

showed that medication was administered as prescribed.

People were protected from the risk of infection as there were adequate cleaning and infection prevention arrangements in place at the home. We observed care staff wore personal protective clothing when they supported people with their care.

Accidents and incidents that had occurred at the home had been recorded. Staff told us they were aware of their responsibility to report and record any accidents or falls. The registered manager completed records to monitor any accidents and incidents and to look for learning and for actions needed to reduce the likelihood of events happening again.

Is the service effective?

Our findings

At the last inspection on 21 July 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People told us they thought staff were well trained and had the skills they needed to support them. One relative told us, "Staff know what they're doing." Staff told us they received regular supervision and felt supported by the management team. Staff who were new to the service completed an induction to the home and had the opportunity to shadow more experienced staff members. The registered provider had ensured their induction processes were in-line with the principles of the Care Certificate. The Care Certificate is a nationally agreed set of standards that health and social care workers follow in their daily working life.

People continued to be encouraged to eat a healthy, well-balanced diet. One person said, "There's always a good choice of food." People told us and we saw they could choose to eat their meals in the dining and communal areas or in their bedrooms. We observed staff were friendly and supportive throughout the meal and there was a real emphasis on making the dining experience pleasant. Staff we spoke with had a good understanding of people's dietary needs. Any specific needs or risks related to nutrition or eating and drinking were included in people's care plans.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals such as their GP, dentist and optician to maintain their health. Three visiting healthcare professionals told us that staff were responsive to changes in people's health and followed guidance given to support people's well-being. One professional told us, "The system between the home and GP works really well."

Systems were in place to ensure that people received consistent care when they transferred between services. For example, the registered manager described what documentation was used to support people when they were admitted into hospital. This enabled people to receive care and support in line with their needs.

People's needs were met by the adaptation, design and decoration of the premises. We saw people who were able to mobilise independently moved freely between the communal areas and their own bedrooms. Pictorial signage was used to support people with dementia with recognition. Some people had brought their own furniture, photographs and pictures to make their rooms and personal space more personalised. One person told us, "My room is excellent." Following our last inspection, the service had introduced a small 'old fashioned' sweet shop and a hairdressing salon for people to access.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the importance of asking for people's consent before providing support. One staff member said,

"I ask people for verbal consent before I do anything, if they can't I will look at visual expressions to see if they are happy with what I'm doing for them." Our observations showed that staff continually asked people before providing their care and support and give them chance to respond before continuing with the task.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. A member of staff we spoke with explained that a person who lived at the home was subject to a DoLS authorisation which restricted them from leaving the home on their own and said, "If [name of person] is standing by the front door asking to go home, I'll take them a walk outside or around the garden." The registered provider had submitted DoLS applications to the Local Authority and had a process in place to record the expiry date of any authorisations, so an assessment could be made to review the person's care and make a new application if needed.

Is the service caring?

Our findings

At the last inspection on 21 July 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

A caring staff team continued to provide people with sensitive and compassionate support. We received positive and complimentary comments about Stennards Leisure Retirement Home (Kings Norton) and its staff. One person told us, "The staff are very nice, everything is lovely here." A relative we spoke with said, "Good, kind and thoughtful staff." We heard staff speak to people in ways that were appropriate to the individual and ways in which each person could understand; offering people support and reassurance where necessary. Staff told us and we observed that they were committed to providing good care, that met people's individual needs and enable them to have a good quality of life.

At the time of our inspection the registered manager told us that there was no-one living at the home who required advocacy support. Information was available around advocacy services should people or relatives need this information and advice. Advocates are independent and support people to make and communicate their views and wishes.

People were supported to express their views and make decisions about their care as far as possible. People told us they were involved in day to day decisions about how and where they spent their time. There were areas within the home where people could choose to relax for example, in one of the lounges watching television, in the garden area or quiet time on their own in their rooms. One person told us, "I do choose what I want to do." Staff told us that they encouraged people to make choices and we saw choices offered to people, such as what to eat or drink, where to sit and what they would like to do.

People's privacy and dignity continued to be respected and promoted. We observed that staff knocked people's doors before entering their rooms and personal care was carried out behind closed doors to maintain people's privacy. Staff bent down beside people who were seated, so that they could communicate and talk with the person at eye level. Care plans included positive information about the person and daily notes kept for individuals, were written in a positive and respectful manner. People's right to confidentiality was respected and protected appropriately in accordance with data protection guidelines. People's records were kept securely and only shared with others as was necessary. Staff described ways in which they supported people to be as independent as they could be. We observed people were able to move around the home and the garden freely and had access to the aids and adaptations they required to promote their independence.

People were supported to maintain contact with friends and relatives and those we spoke with told us they felt welcome at the home. One person told us how they visited their relatives on a Sunday. During our inspection, people's visitors were seen coming and going from the service. One relative said, "I can visit anytime."

Is the service responsive?

Our findings

At the last inspection on 21 July 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged. The service remains good because people continued to receive support and care that was responsive to their individual needs. The registered provider had ensured the service was focused on providing person-centred care and support and had achieved very good outcomes for people. One person told us, "I couldn't ask for better, you'll see excellence." We found that people's needs had been assessed prior to moving into the home and addressed a number of areas including; medical history, personal care needs and dietary needs. All staff attended a handover meeting at the start of their shift. These meetings helped promote good communication, informed staff of any changes in people's care needs and ensured staff were kept up-to date with all that was happening within the home.

Discrimination was understood by the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. A member of staff told us, "We have to be equal to every-one, for example people's sexual orientation, gay, straight, transgender or bisexual, we don't judge or treat people differently." During our inspection we saw that information about the provider's lesbian, gay, bisexual and transgender (LGBT) 'love is love' group was displayed in the reception area. We saw pictures displayed of a recent pride event that staff had supported people to attend. This meant the provider had created an inclusive environment and people were encouraged to be open and comfortable within a safe and supportive environment.

The service had an innovative approach to using technology. This included live streaming of a member of staff's wedding directly to the home so people who wanted to watch and participate in the celebrations could do so. People were supported to use technology on mobile phones and I-pads to communicate with their loved ones both verbally and visually. People were involved in on-line shopping to choose clothes and furnishings of their choice. This promoted timely and responsive care and support for people.

The registered provider told us that they were aware of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans we reviewed contained some information about how to support people, for example, ensuring they were wearing their glasses or hearing aids. The registered manager advised they were continuing to explore ways to make sure people had access to the information they needed in a way they could understand it and fully comply with the AIS.

Each person had a care plan which was personalised to them. The care plan recorded details about the person's specific needs, daily routines and how they preferred to be supported. example, people's sleep routines and likes and dislikes. Most of the people we spoke with were unable to recall if they had been involved in the planning and reviewing of their care plans. One relative told us that they had been involved in previous reviews. Staff we spoke with understood people well and took an interest in their families and life stories. The provider had given each person, or their relative, a 'This is me' book for them to complete, which encouraged them to reminisce and record the most important events of their life. Care plans and reviews we

sampled did not consistently demonstrate that people and their relatives, when necessary, had contributed to the reviewing of their care and support plans. The registered manager advised that they were looking to include quotes from people if they were unable to participate fully in their reviews and were looking at innovative ways of consulting and capturing relatives feedback.

People were supported to take part in activities and access the community where they wished. One person told us, "I've got a lot of friends here, we go shopping together." We observed staff engaging people in group activities which included a visiting entertaining providing exercises. Staff also supported people with individual activities which were meaningful to each person. We saw photographs of events that had taken place and future events that were planned. The service had gone the extra mile to accommodate activities and build links with the local communities, for example, the provider had supported some intergenerational work with a local primary school, where children from the school had exchanged pen pal letters with people who lived at the home. This supported people to maintain links with their wider community.

People and relatives told us they felt able to raise any concerns they may have with staff. One person said, "I would be happy to complain." There was a record kept of each complaint received and we saw that each one had been investigated the satisfaction of the person involved. Details of how to complain were on display around the home. We saw that there was a complaints policy in an accessible format in place and people and their relatives were aware of it. The registered manger told us that a grumbles book was on display in the home for people and their relatives to use. We saw evidence that where people and their relatives had raised complaints and concerns these had been responded to and resolved. The registered manager told us that all information received was analysed to make improvements to people's lives.

Although no one was in receipt of end of life care, we found that people had been asked limited questions about their wishes at the end of their life. Records showed that end of plans required some more development to ensure people were supported to be comfortable, pain free and dignified at the end of their life and that people's religious and personal wishes were respected and taken into consideration. The registered manager advised us that they had already identified this and a 'planning for a comfortable end of life' booklet was being implemented to address this.

Is the service well-led?

Our findings

At the last inspection on 21 July 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged. People continued to benefit from good quality care provided by a staff team who were well-led by the registered manager. We observed that the registered manager and staff promoted equality and inclusion within the home. They had created an open culture and developed positive values within the service.

People, their relatives, professionals and staff were very complimentary of the service. One person said, "I like [name of registered manager]." A relative told us, "I can ring the manager with any worries." Staff told us the registered manager and provider knew people extremely well and that they were committed to providing person-centred care to people. A member of staff told us, "The manager is approachable and good at their job." We saw that the registered manager, provider and deputy managers were visible within the home and showed good knowledge of people's individual needs. This meant they led by example and observed staff in practice.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered provider understood their obligation in relation to their duty of candour and encouraged openness about how the service provided support to people. The provider was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice. The registered manager and provider had a clear vision for the future. The registered provider's representative described various new initiatives they were considering to improve the service.

The registered provider understood their responsibilities in relation to their registration with the Care Quality Commission. Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events that have taken place. The registered manager and staff team had ensured all incidents which had occurred were reported to CQC. We found that the rating from the last CQC inspection was displayed prominently in the entrance hall and on the provider's website, as required by law. The registered manager and provider were knowledgeable about new and existing relevant legislation. However, some records we sampled related to MCA required further improvement. Some consent forms had not been signed by people who were living at the home and we could not determine by records why people had not signed them. We saw people's relatives had given consent on behalf of their relation and we could not determine from records if the relatives had the relevant powers to make these types of decisions. Although this omission needed to be addressed within people's care records, the staff knowledge and skills meant that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People continued to receive improved care and support because the registered manager acted on their feedback. People's views about the service were sought through daily interaction with staff, in care planning and reviews, resident's meetings surveys and feedback forms. The responses were displayed on a specific board in the corridor and detailed how they had been addressed. We saw a 'suggestions book' was available

in the reception area so people and relatives could voice their opinions. The registered provider's representative said "Following a suggestion from a relative, I have booked an animal therapy session for next month. We believe it is important for residents and relatives to feel like they are involved in the services we provide." In addition, the registered manager said, "Following feedback from residents about choices of meals, we have changed the menu to accommodate their requests; the residents love it."

There was a clear management structure in place. Staff understood their roles, responsibilities, the values and vision of the service and they worked to promote these through delivering high standard care to people. Staff showed enthusiasm and commitment in their roles. We saw that the turnover of staff was low and the majority of staff had worked for the service for several years. This meant people experienced good continuity of care and support by the staff team.

People continued to benefit from good governance of the service. The quality of the service was monitored and assessed by the registered provider, the registered manager and the staff team to ensure the standard of care offered was maintained and improved. A variety of auditing and monitoring systems remained in place to ensure the service was providing high quality care and support. The registered manager told us that they were well supported by the provider and told us that the provider visited frequently to see first-hand the service provided and spent time with people who lived at the home.

We found there was a system in place to ensure staff worked collaboratively with other agencies. We saw regular referrals were made to health professionals such as doctors, physiotherapists and opticians. One visiting health professional told us "I have worked with the home around 15 years and it's a great home. When people ask me to recommend a home I always mention Stennards, they are a very caring and a family led home."