1st Care Limited

Stubby Leas Nursing Home

Inspection report

Fisherwick Road
Lichfield
Staffordshire
WS13 8PT
Tel: WS13 8PT
Website: www.stubbyleasnursinghome.com

Date of inspection visit: 26 August 2015
Date of publication: 26/10/2015

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 service on 26 August 2015. This was an unannounced inspection. At our inspection in March 2014 the service was meeting the requirements of the regulations we checked.

The service was registered to provide accommodation and personal care for up to 48 people. At the time of our inspection, 39 people were living at the home. Most people were living with dementia and were not able to give us their views.

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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not at the home on the day of our inspection.

Staff were kind and caring and people's relatives told us they felt their relations were safe. Staff understood their

Summary of findings

responsibilities and the actions they should take to keep people safe from abuse. Risks to people's health and safety were identified and plans were in place to minimise the risks.

Staffing levels were reviewed and adjusted to ensure they met people's care needs at all times. The provider had a recruitment process that ensured people were supported by staff whose suitability had been checked. Staff were supported and trained to meet people's individual needs. The manager promoted a positive culture which supported staff to raise concerns and reflect on their practice.

People received their medicines as prescribed and appropriate decision making processes were in place for people who lacked the capacity to make decisions about taking their medicines. People were supported to have sufficient to eat and drink to maintain good health and to access health care services when they needed to.

Staff acted in accordance with the requirements of the Mental Capacity Act 2005. Where people did not have capacity to make decisions themselves, we saw that mental capacity assessments were in place and records showed that decisions had been made in their best interest. At the time of our inspection, ten people were subject to a Deprivation of Liberty Safeguard.

People were supported to keep in touch with people that mattered to them. Staff kept people's relatives informed when their needs changed. Staff respected people's privacy and dignity and helped them maintain as much independence as possible.

We saw people were offered things to do and the provider had recognised that they needed to offer more personalised activities to meet people's individual needs. People's individual preferences were taken into account about how they received their care.

The registered manager investigated complaints and concerns and used them to make improvements to the service. People's relatives had confidence in the way the home was run and were encouraged to share their opinions about the quality of the service.

The registered manager had systems in place to assess, monitor and improve the quality and safety of care people received.

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.

Staff understood their responsibilities to keep people safe from harm. Risks to people's health and safety were assessed and staff knew the actions they should take to minimise the identified risks. There were enough staff to meet people's needs safely and staffing numbers were kept under review to ensure they met people's needs at all times. The provider carried out checks to assure themselves that staff were suitable to work with people who used the service.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to provide people's care effectively. Staff acted in accordance with the requirements of the Mental Capacity Act 2005. People had sufficient to eat and drink to maintain good health and were supported to have their health care needs met.

Good

Is the service caring?
The service was caring.

People who were able to give their views told us they liked the staff and people's relatives found the staff to be caring and supportive. Staff encouraged people to maximise their independence and promoted people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

We saw people were offered things to do and the provider had recognised that they needed to offer more personalised activities to meet people's individual needs. People had choice and control over how they received their care. Relatives told us they felt involved in people's care and staff kept them informed of any changes. The registered manager investigated and responded to complaints and used the information received as an opportunity to improve the service.

Good

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

People's relatives had confidence in the way the home was run and were encouraged to share their opinions about the quality of the service and their views were taken into account. The manager promoted a positive culture which supported staff to raise concerns and reflect on their practice. The registered manager had systems in place to assess, monitor and improve the quality and safety of care people received.

Good

Stubby Leas Nursing 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 was undertaken by three inspectors on 26 August 2015 and was unannounced. Before the inspection we reviewed the information we held about the service and spoke with the service commissioners. It is the responsibility of commissioners to find appropriate care and support services for people, which are paid for by the local authority. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send us by law.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

People we spoke with were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service and five relatives. We spoke with five members of care staff, two nurses, two activities co-ordinators, the chef, the operations director and the provider. We did this to gain views about the care and to ensure that the required standards were being met. We observed care and support being delivered in communal areas and observed how people were supported to eat and drink at lunchtime to understand people's experience of care.

We looked at eight people's care records to see how their care and support was planned and delivered. We reviewed five staff files to ensure that suitable recruitment procedures were in place. We looked at the training records to see if staff had the skills to meet people's individual care needs. We reviewed checks the registered manager and provider undertook to monitor the quality and safety of the service.

Good

Is the service safe?

Our findings

People we spoke with were not able to give us their views in any detail but relatives we spoke with told us they thought their relatives we safe living at the home. One relative told us, "I'm happy [Name of person] is here, I feel they are safe". Another said, "I've no worries about [Name of person] being safe here". Staff we spoke with understood their responsibilities to keep people safe and protect them from harm. Staff could identify the signs that people may be at risk of potential abuse and knew how to report their concerns both to the local safeguarding authority and to us. One member of staff told us, "We keep people safe by looking out for changes in their behaviour". Another member of staff said, "If I'm not happy with anything I report it straight away. The manager encourages us to report everything". Staff told us the manager discussed any concerns with the local safeguarding authority and records showed they notified us of any referrals made which showed they understood their responsibilities to keep people safe.

In the care plans we looked at, people's individual needs were assessed before admission and where risks were identified, the care plan described how staff should minimise the identified risk. Staff we spoke with knew about people's individual risks and explained the actions they took to support people safely. For example, staff told us how they cared for people who were at risk of developing sore skin and the information they gave us matched what we read in their care plans. This showed that staff had the information they needed to keep people safe.

We saw the provider monitored accidents and incidents, safeguarding concerns, and the management of wounds and took action to prevent reoccurrence. For example, when a person had fallen the provider put a sensor mat in place to alert staff who could respond to the person quickly if they got out of bed and reduce the likelihood of them falling. The provider told us they had recently introduced a more comprehensive system to ensure any patterns would be identified and any necessary action taken.

The provider completed safety checks on the environment and equipment. For example, electrical goods were checked and equipment such as hoists and the lift were serviced. Arrangements were in place to ensure the premises complied with fire safety standards and personal evacuation plans were in place to make sure that people would be kept safe in the event of an emergency. This meant the provider took appropriate actions to minimise the risks to people's safety in relation to the premises and equipment.

We spent time observing care in the communal areas of the home and saw there were enough staff to respond promptly to people's requests for assistance. Call bells were also answered quickly. Relatives we spoke with had no concerns about the number of staff on duty at the home. One relative told us, "There are always staff about and I haven't noticed any difference at weekends". The manager planned staffing levels using a risk rated dependency tool that reflected people's individual needs. We saw this was completed on a monthly basis or when people's needs changed. Staff told us the manager had recently increased the number of staff on duty in order to meet the additional needs of people. This showed staffing numbers were varied to ensure they were sufficient to meet people's needs at all times.

Staff told us and records confirmed the registered manager followed up their references and carried out a check with the Disclosure and Barring Service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions. This meant the provider assured themselves that staff were suitable to work with the people who used the service.

We saw that medicines were stored and administered correctly. Staff who administered medicines were trained to do so and had their competence checked by the manager to ensure people received their medicines correctly. Staff told us a number of people were receiving covert administration of medicines. This may take place when a person regularly refuses their medicine but they are assessed as lacking the capacity to understand why they need to take the medicine. We saw appropriate decision making processes were in place and staff followed guidance on the correct way to administer these medicines. For example, crushing and adding them to food and drink. We saw medicines audits had been discussed with staff to check their understanding of their responsibilities. Actions were signed by the member of staff and the manager to confirm any required changes had been made. This showed the provider had suitable arrangements in place to minimise the risks associated with medicines.

Good

Is the service effective?

Our findings

Relatives we spoke with told us they thought the staff worked hard to ensure their relations were supported to have a good quality of life. One told us, "Staff don't sit back, they make sure they stay on top of things all the time". Another relative said, "The staff know what [Name of person] needs. I'm sure they wouldn't be here now if it wasn't for the care the staff give". Staff told us and records showed that staff received an induction and ongoing training and support to enable them to carry out their role effectively. One member of staff told us, "The induction training package was good and I felt ready to work as a result". Staff told us they had a mix of hands-on and workbook based training. One said, "You are always learning in this job". Staff told us and records confirmed the manager had systems in place to check staff knowledge and competence periodically to ensure they had the right skills to care for people effectively.

Some staff had undertaken additional specialist training to learn about and implement best practice in areas such as skin viability and dementia care. Two of the staff were Dementia Friends and one told us how they were using their knowledge and expertise to coach staff and increase their understanding of the needs of people living with dementia. Staff we spoke with were positive about the training. One said, "I enjoyed the training, it's given me a better understanding of people's needs." This showed staff had opportunities to develop their knowledge and skills to enable them to meet people's specific needs.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Where people cannot make decisions for themselves, the MCA sets out the actions that must be taken to protect people's rights. We observed that the registered manager and staff were acting in accordance with the MCA. We heard staff discussing decisions that affected people's daily routine with them, for example asking what they wanted to eat and asking for consent before they offered support. For people who were unable to make decisions for themselves, mental capacity assessments were in place and decisions made in the person's best interest were documented to show who had been involved. A relative described a best interest meeting they had been included in and also how an application for a DoLS authorisation had been explained to them. The DoLS are for people who are unable to make a decision about where or how they are supported and ensures people are not unlawfully restricted of their freedom or liberty. At the time of our inspection, there were ten DoLS authorisations in place which the provider had notified to us in accordance with the requirements of their registration.

We observed people being offered a choice of meal and saw that staff supported people to make choices using pictures. We saw staff sat with people and supported them to eat their meals. Drinks and snacks were available throughout the day. A relative told us, "[Name of person] has little appetite but staff always get them to eat something". All the relatives we spoke with were positive about the quality of the food and told us their relations had enough to eat and drink. One told us, "Food looks lovely and is available when people want it". Another told us, "Some dishes smell gorgeous, the lamb for example".

People's nutritional needs had been assessed and where risks were identified we saw that people had been referred to specialists, such as the dietician and speech and language therapists. We saw that staff followed the advice given to minimise the risks, for example we saw some people had their food pureed to reduce the risk of choking. The chef had information on people's nutritional needs and explained how they fortified food and drinks to provide additional calories to maintain people's health and wellbeing. They also explained how they provided specialist diets to keep people with diabetes safe. One relative told us how the meals had helped their relation to gain weight. They told us "Meals are pureed but set out nicely and [Name of person] weight has gone back up here". This showed people were supported to eat and drink enough to maintain a healthy lifestyle.

We saw that people had their day to day health needs met and were supported to maintain good health. People's care plans recorded visits from the GP and other health professionals including the community psychiatric nurse and chiropodist. One relative told us how a member of staff had made several telephone calls to follow up a request for a GP visit. They told us, "[Name of person] had a cough which seemed to be getting worse. It was out of hours and staff kept calling and made sure [Name of person] saw the doctor". This showed people were supported to have access to healthcare services when their needs changed.

Good

Is the service caring?

Our findings

People who were able to give us their views told us they liked the staff. One person said, "They are all very nice". Relatives we spoke with were positive about the staff and told us they looked after their relatives well. One relative told us, "The staff are absolutely excellent, nothing is too much trouble". Another said, "I'm 100 percent happy. All the staff are warm and genuine". We saw staff were caring and treated people with kindness. Staff were able to tell us about people's needs and preferences and one relative told us the staff seemed to understand what their relation wanted, even though they were unable to communicate verbally. They told us, "Staff seem to understand what [Name of person] wants by the noises they make". This showed staff knew the people they were caring for. Another relative told us how staff had developed positive relationships with their relation. They said, "Staff talk to her and she lights up for a couple in particular". Staff told us it was important to them that they supported people to have a good quality of life. One member of staff told us, "It's about making things better for people. I know I've made a difference".

We found that people's relatives were involved in helping people to make decisions about their care and support appropriately. One relative told us they had received the information and explanations they needed to support their relation in making a decision. They told us, "A member of staff explained all the technical stuff, it really helped me understand the options, they were excellent, I can't praise them enough".

People were supported to maintain their independence where possible. We saw that some people moved freely around the home and staff told us people were able to use the garden since improvement works had been carried out. Some relatives told us staff encouraged their relations to maintain their independence, for example by using equipment that helped them to move themselves, rather than being hoisted. People's privacy and dignity was promoted. We saw staff delivered personal care behind closed doors and staff were discreet when they offered people support with personal care.

We saw staff offered people choice about their daily routine, for example what they wanted to eat and who they sat with. Staff told us they offered people choice about their daily routine, such as what time people wanted to go to bed and get up in the morning. A relative told us the daily routine was flexible and led by how the person was feeling. They told us, "Timings are not rigid. Staff help [Name of person] to bed if they are tired, it's not a set time".

People were encouraged to keep in touch with people that mattered to them. Visitors told us they could visit any time and staff always made them welcome. One relative told us, "The staff look after my husband well but they are good with me too". Another relative told us about a birthday party that was organised by the staff that family were able to attend.

Good

Is the service responsive?

Our findings

We saw that people were able to take part in a programme of activities, supported by two activities co-ordinators. On the day of our inspection, we saw people could take part in gentle exercise and a baking session but we did not see people being supported with activities that that encouraged them to maintain their hobbies and interests. One of the activities co-ordinators told us and records confirmed they had started to record people's life histories and preferences so they could offer activities that met people's individual needs.

We found that people's individual preferences were taken into account and they were able to have choice and control about how they received their care. For example, we saw that one person had chosen not to follow the dietary advice given by the speech and language therapist and this was reflected in the person's care plan. We saw that one person's preference to eat a two breakfasts and very little at lunch was reflected in their care plan. Staff told us the person had travelled extensively and was used to eating in hotels and breakfast was their favourite meal.

People's health needs were assessed, recorded and reviewed appropriately. For example, we saw a person's medicines care plan was updated following a review with the Community Psychiatric nurse which meant the person had the right support and medication when they needed it. Staff told us they shared information about people at handover to ensure all staff had up to date information about people's care needs. One member of staff told us, "We talk about how a person has slept, if we need to observe them for anything.

Relatives told us they were involved in reviewing their family member's care. They told us staff always kept them informed about any changes. One relative said, "They tell me everything, even if [Name of person] so much as sneezes". Another told us, "I am always consulted about their care".

There was a complaints procedure in place and records showed that any complaints were recorded and responded to promptly. All of the relatives that we spoke with were confident they could raise concerns with the manager or the staff team. One relative told us about an issue that they raised about cleanliness in their relative's room that was quickly resolved and had not reoccurred.

Good

Is the service well-led?

Our findings

Relatives we spoke with had confidence in the way the manager and provider ran the home. One relative said, “They have ideas about how to improve things”. Another said, “The provider always wants to know how things are going when I see them here”. A third said, “The home is well run”. Staff told us that the management and leadership of the home had improved since the registered manager took up the role. One member of staff said, “There have been lots of changes for the better, such as decoration in the lounges and the garden has been improved so that people can access if now”. Another said, “The manager leads the home well, lots of things have improved”. Staff told us that regular staff meetings were held and that the manager acted on suggestions made. For example, staff told us a hot food serving trolley was now in use which meant meals could be served to people sitting in the dining room, rather than being plated up in the kitchen. Staff told us they were confident the manager would take action if they raised concerns about poor practice but would use the whistle blowing procedure if they had to. One member of staff said, “I would have no qualms about doing it”. Staff told us the manager encouraged them to reflect on and improve their practice, for example making sure they offered people choice in their daily routine. One member of staff told us, “Feedback is honest and I’m clear what action I need to take”. This showed the manager promoted an open, positive and empowering culture.

The manager sought people’s opinion of the service through an annual survey and relatives meetings. Relatives told us the meetings were well supported and the manager listened to their views. One relative told us, “There have been three relatives meetings so far this year. The manager always starts with updates and actions from the last meeting so we always know what’s happening”. Records showed that feedback received was acted on, for example, new signage had been installed and a new TV provided in the lounge. This showed that the provider used feedback to improve the service people received.

We found the registered manager had systems in place to assess, monitor and improve the quality and safety of care people received. We saw the provider monitored falls and took action to prevent reoccurrence. For example, when a person had fallen in their room the provider put a sensor mat in place. The sensor mat alerted staff when the person moved from their bed, so they could take immediate action to minimise risks for the person. The provider told us they had recently improved their systems to ensure any patterns would be identified and any necessary action taken. This meant the provider took appropriate action to minimise risks to people’s health and welfare and provide high quality care.

The registered manager was not at the home on the day of our inspection but our records showed that they notified us of important events that occurred in the service promptly. This demonstrated they understood their legal responsibilities under the terms of their registration with the Care Quality Commission.