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St Stephens Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good

Overall summary

We carried out an unannounced comprehensive inspection of St Stephens Nursing Home on 14 October 2014. After that inspection, we received information of concern about an individual's safety. As a result, we undertook a focused inspection to assess if people who lived at the home were safe. This report only covers our findings in relation to the safety of people who lived at the home. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Stephens Nursing Home on our website at www.cqc.org.uk

The inspection visit at St Stephens Nursing Home was undertaken on 08 and 09 September 2015 and was unannounced.

St Stephens provides care and support for a maximum of 31 people who live with dementia or physical disabilities. At the time of our inspection there were 30 people living at the home. St Stephens is situated in a residential area of Blackpool close to the promenade. It offers 27 single room accommodation in addition to two double rooms with lift access to all floors. There is a conservatory to the rear providing people with space for privacy and solitude.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the comprehensive inspection on 14 October 2014, we found the provider was meeting all the requirements of the regulations and we rated the service as Good overall and in all five key areas.

During this focused inspection, people who lived at the home and their representatives told us they felt safe. One relative said, "I lived here for a while with [my relative], so I know it's a good place." We observed staff were extremely caring and patient. They sat for long periods

Summary of findings

chatting and reassuring people in a respectful and compassionate way. Staff responded appropriately, where individuals demonstrated behaviours that challenged the service. For example, staff were reassuring and used soft, calming tones to help settle individuals. A relative told us, "I'm very happy about [my relative's] care."

Accidents and incidents were managed appropriately and the service offered a dementia-friendly environment to protect people from harm or injury. Incidents were analysed and acted upon to minimise the reoccurrence of potential risks.

The registered manager had systems in place to ensure careful assessment of individuals before admission. Additionally, the assessment of people's needs had been completed on an ongoing basis. The care records we looked at were in-depth and regularly reviewed. Staff demonstrated they had a thorough understanding of each person who lived at the home. They were required to sign documents to indicate they understood people's support requirements. Files we checked were updated to the outcomes of professional visits and appointments to reflect the ongoing provision of support. The registered manager had provided detailed documentation to guide staff in protecting individuals from unsafe and inappropriate care.

Staff had been provided with a range of training and guidance to support them in their roles. During our discussions with them, staff demonstrated they had an in-depth understanding of protecting people from potential abuse and harm. During our inspection, we observed people were not deprived of their liberty and were supported to make day-to-day decisions. There was a high level of staffing and skill mixes to ensure individuals were effectively supported by sufficient employees. People, staff and visitors told us there were enough staff to keep people safe and fully occupied.

People's medicines were managed, administered and stored securely to protect people against unsafe processes. Staff had followed national guidelines on effective record keeping in relation to medication. For example, hand-written records were checked and signed for correctly.

People and their relatives said the home was well managed and organised to protect people from inappropriate care. Staff told us they felt well supported by the management team and enjoyed working at the home. One staff member told us, "I love working here, there's something about this home and the residents. I go home happy and sleep well knowing I've done a good job." People and their representatives explained they were assisted to comment upon their care and the management team responded effectively. This showed people were supported to feedback about the quality and safety of their care.

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?

Good

The service was safe.

People and their relatives told us they felt safe. We observed staff used effective approaches to protect individuals from abuse. We noted staff were very caring, experienced and supported people in a respectful and dignified manner.

Staffing levels were sufficient to ensure people's requirements were met in a timely and safe way. Where individuals became agitated, staff responded immediately to protect them and others who lived at the home.

We observed medication was managed and administered securely.

Accidents and incidents were suitably recorded, acted upon and analysed to minimise the risk of them reoccurring.

St Stephens 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.

We undertook an unannounced focused inspection of St Stephens on 08 and 09 September 2015. This inspection was undertaken because we received information of concern about an individual's safety. The team inspected the service against one of the five questions we ask about services: is the service safe. This was because we wanted to check people were safe whilst living at St Stephens.

On the first day of the inspection, the inspection team consisted of an adult social care inspector. On 09 September 2015, the inspector was joined by a specialist professional advisor, who was a social work manager with expertise in managing safeguarding concerns.

Prior to our unannounced inspection on 08 and 09 September 2015, we reviewed the information we held about St Stephens. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home and we were informed the local authority was investigating the concerns raised. At the time of our inspection, we noted the provider was working with the local authority in relation to these concerns in order to maintain people's safety

We spoke with a range of people about this service. They included the provider, registered manager, three staff members, one person who lived at the home and five relatives. We also spoke with the commissioning department at the local authority who told us they had no other concerns about St Stephens. We did this to gain an overview of what people experienced whilst living at the home.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We did this because the majority of people at St Stephens were living with dementia and unable to express their needs fully.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to four people who lived at St Stephens. We reviewed records about staff training, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

This inspection was undertaken because we received information of concern about an individual's safety.

We observed people were supported by staff who used safe approaches when providing care. Relatives and people we spoke with told us they felt safe whilst living at St Stephens. One person said, "I feel safe here." A relative added, "I'm very happy my [relative] is safe and well-cared for." Another relative told us, "I've heard about the recent concerns. In my experience, out of 300 people's comments you'll get one negative one. That's certainly not my experience. [My relative] is absolutely safe here." A third relative stated, "[My relative's] safe and protected here and I'm glad he's here."

Our observations demonstrated people were comfortable and relaxed. Staff responded appropriately, where individuals demonstrated behaviours that challenged the service. For example, staff were reassuring and used soft, calming tones to help settle individuals. The majority of people at St Stephens were living with dementia. We noted staff were compassionate and had a clear understanding of each person's requirements. One staff member told us, "People just see the dementia, but I see the core of each person and what they've lost. I'm there to help people remember and to have as normal a life as possible." A relative added, "[My relative's] very anxious a lot, but the staff are really experienced and know how to help her settle down." This demonstrated people were supported in a safe manner because staff had a good understanding of how to approach individuals.

Throughout lunchtime, we observed staff being very caring and patient. They sat for long periods chatting and reassuring people in a respectful and compassionate way. It was clear staff had a good understanding of how best to support individuals. For example, appropriate, supportive and effective use of hugging and laughter assisted people to feel secure and comfortable. One staff member told us, "The residents have the same human rights as us staff, the right to good care and to be happy, for example."

People and their relatives told us they felt staff were caring and provided safe and effective support. One person said, "All these carers are brilliant." A relative stated, "The staff really care. They know how to look after people who've got dementia." Another relative added, "Dementia is a cruel thing, but the staff treat people as individuals. They respect the residents and keep them well-occupied." A third relative told us, "I am very happy with my [relative's] care. I am aware of recent problems, but my experience is that he is in good hands."

Staff told us they had a range of training to support them in their roles. They felt supported by the management team to carry out their duties and responsibilities. One staff member said, "I get support from the floor managers who advise us about good quality care." Training records we reviewed detailed staff had received guidance about general care practices, such as medication, dementia awareness, pressure area care and continence support. Other training to maintain people's safety included movement and handling, health and safety, first aid and safeguarding. One staff member told us, "I'm massively happy with the training here." This showed staff were trained to support people in a safe and appropriate way.

During our inspection, we noted the home was clean, tidy and there were no unpleasant smells. We noted staff using appropriate equipment and effective hand hygiene practices to maintain infection control procedures.

People were cared for in premises that were dementia-friendly and the environment was suitable and safe in meeting their needs. For example, bedrooms were personalised and photographs were placed on doors to indicate each person's own room. Keypads were in place on doors to protect people with limited or no understanding. This meant such individuals could not enter certain areas, for example stairwells and corridors, unaided. Call bells and electronic sensor mats we checked were in working order.

We checked how staff recorded and responded to accidents and incidents within the home. Documents we reviewed included a brief description of the accident and what actions were taken to manage the event. The registered manager had followed up on incidents to check for themes and patterns to ensure the risk of them reoccurring was minimised. One staff member told us, "Where incidents happen, such as falls, we risk assess and discuss as a team. We put in place any actions, such as cot sides, pressure mats and half hourly or more frequent checks as necessary." The registered manager added, "We ask relatives and residents 'what can we do to make things safer' as part of any accident and incident procedures."

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Is the service safe?

Where required, staff had notified the Care Quality Commission (CQC) of any accidents and incidents. This meant the provider was working with CQC as a part of their legislative responsibility in monitoring the safety of people, staff and visitors.

For the care records we checked, the management team had assessed people prior to them being admitted to the home to check they were able to meet the individual's needs. This meant the provider had ensured people were protected against an unsafe or inappropriate admission to St Stephens. Staff had documented further assessments of people's requirements and completed an evaluation of possible risks whilst they lived at the home. These related to potential risks of harm or injury and appropriate actions to manage risk.

Risk assessments we checked covered risks associated with, for example, falls, bedrails, nutrition, behaviour management, self-neglect, nurse call bells and medical conditions. Records we reviewed were in-depth and covered detailed actions to manage risk. The management team told us people were discretely monitored on at least an hourly basis. If concerns about an individual's safety arose, or where their physical or mental health had deteriorated, this would be increased depending on the level of risk. A relative told us, "I am aware that some of the behaviours of the other residents can be aggressive, they can't help it, but when things happen the staff are straight there. [My relative's] very safe." This showed the provider had systems in place to minimise potential risks of receiving care to people it supported.

People's initial assessments were displayed confidentially on the staff notice board. All staff were required to sign these documents to demonstrate they understood people's requirements. Care records we looked at contained evidence of each individual's preferences whilst being supported. For example, staff had documented their choices about what to be called, meals, religious requirements, activities and personal care. This showed the registered manager had guided staff, including new personnel, to people's needs to ensure they did not receive inappropriate care.

Additionally, a brief outline of people's requirements, preferences and life histories was displayed in their bedrooms. Further details included their medical conditions, mental capacity, potential risks and how they wished to be supported. This gave staff an immediate reference guide about the individual's care requirements and their needs where urgent situations arose.

We tracked documents in relation to people's support and found their ongoing or urgent needs were suitably managed. Where an individual's health deteriorated medical support had been obtained from other providers, such as GPs, district nurses and the local hospital. Documentation we checked was updated to reflect the outcomes of professional visits and appointments. The registered manager had ensured people's continuity of care was maintained by having access to other services.

Care records we looked at were regularly reviewed to check people's changing needs. Care plans had been updated to reflect their ongoing requirements. This demonstrated the provider had protected individuals from unsafe care because staff were guided to their continuing needs. We noted not all documents checked had been signed or dated by staff. We discussed this with the registered manager and provider and we were reassured this would be addressed as a priority.

Care was based upon the principals of evidence-based, best practice. For example, assessment tools were used that followed recognised research in the measuring and monitoring of people's anxiety. Additionally, signs were placed in prominent positions throughout the home to guide staff about best practice in relation to, for example, infection control and dignity in care. This demonstrated the provider had systems to inform staff about protecting people against the risks of unsafe or ineffective support.

Staff had received training on safeguarding and whistleblowing procedures and had a good understanding of related principals. One staff member stated, "I have a good understanding about whistleblowing. There was a carer with bad practice about 18 months ago, which was reported to and acted upon by management." Staff described good practice in relation to dealing with safeguarding processes and reporting procedures. One staff member told us, "If I had any concerns and [the registered manager] didn't do anything I would contact CQC."

Staff demonstrated a good level of understanding of the Mental Capacity Act (MCA). This included procedures related to the Deprivation of Liberty Safeguards

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applications (DoLS). One staff member explained, "Deprivation of liberty is about depriving a person in their best interest because they are unable to make decisions for themselves." We were told physical restraint was never used at the home. One staff member said, "We don't use restraint here. Instead, attempts are made to calm residents, using two staff if necessary."

Records we reviewed, where applicable, contained information related to where people were deprived of their liberty in relation to the MCA. We noted associated documents were detailed and thorough from assessment, to application and on an ongoing basis. This showed the registered manager had in-depth records and processes in place to protect people where their liberty was legally deprived.

We checked how people were supported to make decisions and staff awareness of ensuring their liberty was not deprived. One staff member told us, "If somebody doesn't have capacity they still have rights. It's about giving people choice, options and dignity and trying to get to know the essence of that person." Staff described good practice in relation to checking people's preferences, likes/dislikes and cultural differences in relation to how they wished to be supported. The staff member added, "Sometimes, residents' preferences change as a result of their dementia." A variety of approaches were used to ensure people were supported to make decisions, such as using pictorial tools. This showed the provider had systems to protect people from abuse and had adequately trained employees.

We checked staffing levels and skill mixes to assess if people's needs were met in a timely and safe way. We noted there were 14 to 18 staff on duty throughout the day and seven staff who worked during the night shift. Variations in staffing numbers related to the priorities of each shift, such as appointments, activities and other service requirements. Additionally, ancillary personnel were employed to undertake other duties such as domestic staff and cooks. Shifts included a good skill mix of senior and other care staff, nurses and floor managers.

People and staff told us they felt staffing levels were sufficient to meet the needs of individuals who lived at St Stephens. One person said, "I think staffing levels are good and there's always someone around if we need them." A relative told us, "There's plenty of staff to spend time with [my relative]. Not just to care for her, but to sit and chat and reassure her." Another relative added, "There's always loads of staff on. I have no worries there." A third relative stated, "There's always plenty of staff on, better than most other homes."

We observed staff assisted people in a calm, unhurried way, taking their time to support them with compassion and respect. This included long periods where people were provided with numerous activities and friendly conversation. A relative told us, "They spend all day with the residents doing activities, talking and just being friendly." This meant the provider had arranged high staffing levels in order to meet people's requirements securely.

We checked how medication was dispensed and administered to people and observed this was done in a safe, discrete and appropriate manner. For example, we observed the staff member explained what medicines were for and encouraged individuals to take their time. One staff member told us, "If someone is taking a long time with medication I can't rush them, so I help the nurse by supporting the individual."

Patient information leaflets and other sources were available to staff to assist them in their understanding of individual medicines. Staff files we reviewed indicated employees with responsibility for administering medicines had received appropriate training. All medicines, including controlled drugs, were stored in a secure and clean environment. These were stock controlled and audited by the management team to check all related principals were safely monitored. Staff had followed national guidelines on effective record keeping in relation to medication. For example, hand-written records we looked at were checked and signed for correctly. One staff member told us, "I would never sign for medicines before giving them because how do I know that person won't take their tablet?" This showed people's medicines were properly managed in order to protect individuals from potential risks associated with related procedures.

We noted the atmosphere was calm and welcoming. During our inspection, the provider and registered manager were engaging with other organisations in relation to the concerns raised. Despite the difficult circumstances, the management team worked with the inspection team in an open and transparent way. We observed the provider fostered an open working environment with the staff team. One staff member told us, "If anything goes wrong we look

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at how we could do things better to improve. It's always about learning and getting better." The provider added, "It's about lessons learned. If we make mistakes we check why, we apologise and then we action anything we can improve so that residents continue to be safe."

Staff told us the management team was very supportive in assisting and guiding them to provide effective care. Staff, people and their relatives stated they felt St Stephens was well-led. One staff member said, "I really trust [the registered manager] because she really cares. Any concerns and I know she would act immediately."

Relatives told us there was a lot of scope for them to be involved with opportunities to talk with staff on a daily basis. Additionally, they were encouraged to attend monthly 'coffee meetings' to ask questions. A relative told us, "The owner and [registered manager] are great. They keep me up-to-date and are very caring. They're very experienced and I trust them." This showed people were supported to comment upon the quality and safety of their care.