

Charing Rose Limited

St Stephens Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 inspection took place on 05 October 2016 and was unannounced.

St Stephens Nursing home is registered to provide accommodation, personal and nursing care for up to 17 people who need support with their learning disability, physical disability and health needs. The service is situated close to the town centre of Dover where all amenities are close by. There were 14 people at the service at the time of the inspection.

The care and support needs of the people varied greatly. There was a wide age range of people living at the service with diverse needs and abilities. As well as needing support with their learning disabilities, some people had physical disabilities and needed a lot of care interventions and treatment for their health needs. There were registered nurses working 24 hours a day to make sure people's complex nursing needs were met.

There was a registered manager working at the service. 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 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 20 August 2015, the service was rated 'Requires Improvement'. We issued requirement notices relating to safe care and treatment, fit and proper persons employed and staffing. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Improvements had been made the provider had complied with the previous breaches of regulations but we found some other areas that needed improvement.

Safeguarding procedures were in place to keep people safe from harm. On three occasions these procedures had not been fully followed. The local authority safeguarding team had not been alerted to incidences, which they should have been, as part of those procedures. People told us they felt safe at the service; and if they had any concerns, they were confident these would be addressed quickly by the registered manager. The staff had been trained to understand their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures. Systems were in place to ensure that people's finances were protected.

At the previous inspection risks to people were assessed but guidance had not always been available to make sure all staff knew what action to take to keep people as safe as possible. At this inspection improvements had been made but there were still areas that needed further improvement. Risks to people's safety were assessed and on the whole there was guidance for staff on how to keep risks to a minimum. Risk assessments identified people's specific needs, and showed how risks could be minimised. However, during

the inspection we found that a person was potentially at risk as the power supply to a special mattress to protect their skin and reduce the risk of pressure sores developing had been turned off. The registered manager took immediate action to address this issue.

The registered manager and staff carried out other environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. Accidents and incidents were recorded and were reviewed to identify if there were any patterns or if lessons could be learned to support people more effectively to ensure their safety.

Emergency plans were in place so if an emergency happened, like a fire, staff knew what to do. There were regular fire drills so people knew how to leave the building safely.

On the whole people received their medicines safely and when they needed them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services

At the previous inspection staff had not received all the training they needed to meet people's needs and recruitment procedures were not fully adhered to before new staff started to work with people. At this inspection improvements had been made. Staff had received all the training they needed and had the skills and knowledge to support people in a way that suited them best. There was a training plan in place to provide continuous development and to address any gaps in staff training. Recruitment checks had been fully completed to make sure staff were safe to work with people.

There were enough staff, who knew people well, to meet their needs at all times. The needs of the people had been considered when deciding how many staff were required on each shift and to support people in different activities. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs. People received care and support from a dedicated, stable team of staff that put people first and were able to spend time with people in a meaningful way. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

Before people decided to move into the service their support needs were assessed by the registered manager. People's care and support was planned and reviewed to keep people safe and support them to be as independent as possible.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. When people could not communicate verbally, staff anticipated or interpreted what they wanted and responded quickly. Staff respected decisions that people made when they did not want to do something and supported them to do the things they wanted to. People had choices about how they wanted to live their lives.

There was a strong and visible person centred culture in the service. (Person centred means that care is tailored to meet the needs and aspirations of each individual.) The registered manager and all the staff were passionate about providing a service that placed people and their families at the very heart of the service. They provided support that was based on mutual respect and equality. As a result, people felt really cared for and that they mattered. Staff understood people's specific needs well and had good relationships with them. People were settled, happy and contented.

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people

responded to positively. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent.

Staff told us how they always asked people for their consent as they provided the care. They described how they supported people to make their own decisions and choices. Some people chose to be supported by their relatives when making more complex decisions. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made, involving people who knew the person well and other professionals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People were supported to participate in a variety of activities that they enjoyed and that were tailored to their needs and choices. Activities took place throughout the week. A system to receive, record and investigate complaints was in place, which showed that complaints were responded to appropriately.

People's health needs were monitored and supported. Assessments were made to identify people at risk of poor nutrition, skin breakdown and for other medical conditions that affected their health.

People were supported to have a nutritious diet. Care and consideration was taken by staff to make sure that people enjoyed their meals. People chose the food and drinks that they wanted.

The registered manager led the staff team and had oversight of the service. Staff were motivated and felt supported by the registered manager. The registered manager and staff shared a clear vision of the aims of the service. Staff had received regular one to one meetings with a senior member of staff. They had an annual appraisal, so had the opportunity to discuss their developmental needs for the following year.

The provider had systems in place to monitor the quality of the service. Audits and health and safety checks were regularly carried out. The registered manager had sought formal feedback from people and staff. The analysis of this feedback was used to improve the service. Relatives and stakeholders were asked for their views on the service, however this was not publicised widely. This was an area for improvement.

Staff were aware of the ethos of the service, in that they were there to work together to provide people with personalised care and support and to be part of the continuous improvement of the service. Staff told us that there was an open culture and they openly talked to the registered manager about anything. The registered manager had submitted most notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe

Safeguarding policies and procedures had not been consistently followed. Staff knew how to protect people and keep people safe.

People's medicines were not always managed as safely as they could be.

On the whole risks to people were assessed and guidance was available to make sure all staff knew what action to take to keep people as safe as possible.

There was enough skilled and experienced staff on duty to make sure people received the care and support they needed. Recruitment procedures ensured new members of staff received appropriate checks before they started work.

Is the service effective?

Good 

The service was effective.

The management and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received induction, training, support and supervision to support people effectively.

People were offered the food and drinks they liked to help keep them as healthy as possible.

People regularly saw healthcare professionals. People were supported with their health needs.

Is the service caring?

Good 

The service was caring.

People and their relatives spoke very highly of the staff and the registered manager. They said they were always treated with

respect and dignity; and that staff were helpful and caring.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded quickly to their requests for support.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were supported to make choices about their day to day lives. People were able to undertake daily activities they had chosen and wanted to participate in.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

Is the service well-led?

Good ●

The service was well led.

The registered manager was approachable and there was good communication within the staff team. Staff had a clear vision of the service and its values and these were put into practice.

Staff, people, their visitors and stakeholders were asked for their views about the service. Views were sought but the results were not publicised.

Audits and monitoring systems ensured that any shortfalls were identified and addressed promptly to ensure that a consistently high level of service was maintained.

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.

This inspection took place on 5 October 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection the provider completed 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. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We spoke and communicated with all the people living at the service, and seven members of staff, which included the registered manager, the registered nurse and the cook. We assessed if people's care needs were being met by reviewing their care records. We looked at six people's care plans and risk assessments. As some of the people could not talk with us, we used different forms of communication to find out what they thought about the service. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people, encouraging people to be involved with daily domestic duties like cooking, shopping and engaging people in activities.

We looked at a range of other records which included four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We looked around the communal areas of the service and some people gave us permission to look at their bedrooms.

After the inspection we contacted two relatives by telephone to ask their opinions of the service and the care

their relatives received.

We last inspected this service in August 2015. Breaches in the regulations were identified at this inspection.

Is the service safe?

Our findings

People said and indicated that they felt safe. They were happy, smiling and relaxed with the staff. People were able to let staff know when they wanted something or that they wanted to go somewhere. Staff responded immediately to their requests. People said "I feel safe. I know I'm in the right place and that staff are always there for me" and "It's nice and cosy, I feel very safe and happy".

Relatives said, "It's a fantastic place, (my relative) is in the next best place to home" and "I have total confidence in all the staff to make sure (my relative) is well looked after and safe".

The registered manager was not fully aware of the different types of incidents between people that needed to be reported to the local safeguarding team. Some people had displayed behaviours that may challenge, putting others at risk. Staff told us what techniques they had used to manage these. All incidents had been recorded and reported to the registered manager. The registered manager and staff had dealt with the incidences but had not followed procedures by consulting with the local council safeguarding team who would have discussed the issues with them. A decision would then have been made on how to proceed to keep people safe in the way that suited them best. During the inspection the registered manager took action to make sure advice would be sought following any future incident.

Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service, if they felt they were not being dealt with properly. If staff practice fell below the required standard then the registered manager followed clear staff disciplinary procedures and took the appropriate action to make sure people were safe.

At the previous inspection risks to people were assessed but guidance had not always been available to make sure all staff knew what action to take to keep people as safe as possible. At this inspection improvements had been made but there were still areas that needed further improvement. Risks to people's safety were assessed and on the whole there was guidance for staff on how to keep risks to a minimum. Potential risks to people in their everyday lives had been identified, such as when undertaking activities, attending to their personal care, monitoring their health and medical conditions and when they were going out in the community. Most risks had been assessed in relation to the impact that the activity had on each person.

Risks relating to the management of pressure areas were not always managed safely. A person was potentially left at risk as the power supply to a special mattress to protect their skin and reduce the risk of pressure sores developing had been turned off. The registered manager and nursing staff had not been informed about this and therefore no action had been taken to reduce the risk of it happening again. There was no information about the air pressure the mattress should be set at and it was not correctly set to meet a person's specific needs. Checks to make sure air mattresses were working correctly were only carried out once a week by the maintenance person.

The registered manager took immediate action to address the issue. They implemented twice daily checks on the special mattresses to make they were working effectively and safely. They had sought advice on the pressure the mattresses needed to set at and incorporated this into the checks and recorded this in people's care plans. The registered manager started to investigate why the mattress was unplugged. No-one had any pressure sores and people's skin integrity was good, so it did not appear that people had suffered any harm as a result.

People's money was managed safely and the registered manager regularly checked that receipts matched what had been spent for each person. People were encouraged to be as independent as possible when managing their finances and several people had their own bank accounts. One person told us, "They help me with my money, but it's always my choice. I'm pleased I can do that for myself now."

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. There had been an incident when the shower had malfunctioned and became too hot. Staff immediately stopped using the shower and it was replaced as soon as possible.

Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency

The registered nurses gave people their medicines. On the whole people received their medicines safely and when they needed them but there were areas for improvement. One special medicine had not been dated when it was removed from the fridge and then stored in a drugs cupboard. The medicine should have been discarded one month after opening. Usually the medicine was used within three weeks but there was a risk that it could be kept in the drug cupboard too long. On the day of the inspection the nurse on duty carried two trays to different people at the same time, one containing a tablet and one with a special feed. Although the risk of the medicines getting confused was minimal, best practise would be to transport medicines individually to people to reduce the risk of errors. The registered nurse took immediate action to address these issues.

People said they had their medicines when they needed them. The stock cupboards were clean and tidy, and were not overstocked. Bottles and packets of medicines were routinely dated on opening. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when these were going out of date. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered as instructed by the person's doctor. Checks were made to make sure people received their medicines when they needed them. Staff talked to people before giving them their medicines and explained what they were doing. They asked if they were happy to take their medicines. Staff waited for people to respond and agree before they gave them their medicines. There was information that explained how people preferred to take their medication. The guidelines were individual to each person so that staff could support people in the way that they preferred.

Each person had an individual medicine record chart showing their personal details. All medicines disposed of or returned were recorded. When people needed medicines on a 'when required' basis, there was individual instructions on the dose including when and how the medicines were to be given. The effects of the medicine were then monitored to make sure they were working. People's medicines were reviewed

regularly by their doctor to make sure they were still suitable.

At the previous inspection all the relevant safety checks had not been completed before staff started work to make sure they were safe to work with people and the registered provider had not checked that the nurses employed were registered with the relevant professional body. At this inspection improvements had been made. Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people.. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Nurses Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council (NMC) and regularly checked to make sure the PIN was kept in date. Nurses were aware of the importance of the revalidation process. (This was a new process that nurses in the UK need to follow to maintain their registration with the NMC).

There was enough staff on duty to meet people's needs. People told us there was always enough staff, so they got the care they needed and could go out when they wanted. One person said, "All I have to do is ask and I can go out, the staff are great here." The registered manager told us that there was always more staff available when people attended activities such as music clubs and social groups. One person had been reluctant to go out in the community so the registered manager had arranged for a member of staff to go out with them each week, on a one to one basis, so they felt more confident doing so. On the day of the inspection the person went out for a milkshake and was visibly happy and relaxed on their return. The staff member told us, "We didn't go far today, as [the person] was getting a bit cold, but they loved their milkshake."

Staff covered for each other in the event of sickness or absence. On the rare occasions when agency staff were used the registered manager ensured they used the same agency staff, who had met people before to ensure consistency. There was always an on call manager available at the evenings or weekends for staff to contact if they needed additional advice or guidance.

Is the service effective?

Our findings

People told us that they liked the staff and they helped them when they needed it. One person said, "I don't have to worry. The staff know what to do".

Relatives spoke highly of the staff. They said, The staff are wonderful. They go over and beyond what I would expect. (My relative) would not go out before, the staff have worked patiently and continuously with them and now they are going out a few times a week. The staff brought my relative to our home for a day. We had a wonderful time. It is so reassuring to see them so happy".

At the last inspection not all the staff had received the training they needed to make sure they were suitably qualified, competent, skilled and experienced to work with people. At this inspection improvements had been made. The registered manager arranged training for all staff through the provider's training department. Training was either face to face, including fire awareness and safe moving and handling or via an on line computer system. The registered manager tracked the training so they knew when refresher courses were due. Staff completed basic training on topics such as safeguarding and training in subjects related to people's needs such as diabetes and mental health awareness.

Some staff had completed additional training on topics such as 'swallow' awareness. Staff told us this had involved being blindfolded and fed, so they had an understanding of how the people they supported may feel. They had fed back the information they had learnt at a team meeting, and the entire staff team had discussed the importance of explaining to people in a way they understood what they were doing.

Staff put their training into practice and gave people the support they needed. One person became distressed and staff gave them reassurance in a calm manner. Staff moved people safely and let them know what was happening before they moved them. Staff spoke to us about people's needs with knowledge and understanding.

New staff worked through induction training which included working alongside established staff. The provider was in the process of introducing the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency. The registered manager told us, "I am keen for as many people as possible to do the Care Certificate, as it is important to have the basic knowledge to underpin our roles."

Staff told us they felt supported and that they had the opportunity to attend regular staff meetings and one to one supervision meetings. The registered manager and senior staff organised regular supervision meetings with staff in advance. This gave staff the opportunity to talk about any training and development needs. One nurse told us they had recently gone through the re-validation process and that the management team had been very supportive during this time. Some staff were due an annual appraisal. The registered manager had identified who still needed to have an appraisal and sent us a plan outlining when these were due to take place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager had applied for DoLS for everyone living at the service because everyone was subject to constant supervision, although only two had been authorised. Staff and the registered manager spoke with confidence about MCA and DoLS. The registered manager said they always used the least restrictive ways to support people and people were free to come and go as they wished with the right support. During the inspection people were supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

People's mental capacity was assessed and regularly reviewed. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest.

People were consulted about their care and treatment. Staff asked for people's consent before they gave them care and support. If people refused something this was recorded and respected. Before people did activities or went out staff checked with people whether they had changed their mind and respected their wishes. Staff spoke with people or communicated with them in way that they could understand. They then asked them if it was alright to support them with their care or activity before intervening. Staff used different ways of communicating with people. They talked slowly, used gestures and hand signs.

People said they had a choice about the food they ate. They said, "The food is more than nice, it's delicious" and "I love corn beef and lasagne and we have these often". People told how they were involved in cooking. They said that they often made cakes and cooked in the kitchen.

Relatives said, "We are always offered food and drinks when we visit. We can have meal anytime. The staff are first class nothing is too much trouble". People regularly discussed what they wanted to eat at resident's meetings. One person had requested porridge with berries at one meeting, and at the next told everyone how much they were enjoying having that for breakfast.

One person did not want to eat very much. The registered manager told us they really liked apple, so they encouraged them to eat apples as much as possible. The person was sitting outside, enjoying the sun and a staff member bought them a peeled apple that was cut up into bite size pieces. The person told us, "I really like apple, this is my favourite way to eat them." They then ate the entire apple. People often went out to eat in restaurants and local cafés.

On the day of the inspection people and staff were having a 'family meal' together which they did once a month. The cook had prepared a choice of meals and people, who could, helped themselves. Other people

were supported to choose the food they wanted. The atmosphere was lively and warm. People and staff were chatting and laughing together. Everyone enjoyed the meal.

People were supported and encouraged to eat a healthy and nutritious diet. Some people had special tubes where they were fed directly into their stomach with a liquid diet. People received the amount of nutrition they needed and were monitored to make sure their weights were stable. Support plans for eating and drinking were detailed and clear on the process staff should follow so people had their food safely.

When people were not eating their meals because they were unwell, or their health was deteriorating, the staff made sure they closely monitored their diet throughout the day, to make sure they had enough calories to maintain their weight. Some people had specific health needs like diabetes and staff positively supported them to manage their diets to make sure they were as healthy as possible.

People told us that they saw their doctor when they needed to. They also said they regularly went to the dentist and attended other health care appointments specific to their needs. Relatives told us that the staff always let them know if their relatives were unwell and kept them up to date.

People's health was closely monitored by the registered nurses and when it was necessary, health care professionals were involved, to make sure people were supported to remain as healthy as possible. The staff actively sought support when people needed it and did not work in isolation. When specialist support plans were developed by professionals, the staff followed them and fed back on whether they were successful or not. When people had problems eating and drinking they were referred to dieticians. People who had difficulty communicating verbally were seen by speech and language therapists so other ways of communicating could be explored. If people's conditions deteriorated and they required more support the staff responded quickly. People had detailed healthcare passports. These gave an overview of people's health needs and the medicines they were receiving. If people had to go to hospital or attend appointments, this information went with them, so that people could be effectively and safely supported in a different environment.

Is the service caring?

Our findings

People received care and support from a dedicated, stable team of staff that put people first and were able to spend time with people in a meaningful way.

Staff told us that they looked forward to coming to work, and that staff morale was high. They said, "Working here is not like working at all. It's like being at home with your family". "When staff are happy and cheerful there is a good banter between people and staff, this creates a homely comfortable place for people to live in". "The level of care is high at this home; we really do care for the people who live here". "The people are more like my family; I treat them with love, care and empathy". "I love this place, I get up in the morning and never feel I don't want to go to work, I am happy to care for people living here and I think it makes me a better person". "The staff and management are a very good team. We all get on really well which provides a positive caring service".

Relatives said, "They are always kind and caring to us relatives, always making us feel welcome on our visits and taking the time to talk to us about anything that needs discussing" and "I think this place is amazing, I really do. It's quite extraordinary to find this sort of service. It's home from home". "St Stephen's is a very loving and happy home and I would not want my relative to be anywhere else". "My initial fears about [my relative] going into a care home have been totally allayed. I feel my relative has not gone into a care home, they have just moved home".

One person was sitting in their wheelchair. A member of staff walked into the room and greeted them warmly. They knelt down so they were on the same level as the person and asked them how they were. The person smiled in response, and the staff member said, "I am glad you are feeling better". The staff member told us the person had been feeling unwell several days before and it was the first time they had seen them since.

One person was being assisted to have a drink. A staff member spoke to the person slowly and calmly, explaining they had a coffee and that it wasn't too hot. The staff member slowly encouraged the person to drink their coffee, retaining eye contact and placing a reassuring arm on the person's shoulder. The person drank their entire drink and smiled afterwards, they looked like they had enjoyed it.

Staff put their hands out to touch people in a kind and gentle manner. Staff were able to understand people through body language, facial expressions and certain sounds and supported people in a discreet, friendly and reassuring manner. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. When people could not communicate verbally, staff anticipated or interpreted what they wanted and responded quickly

People and their relatives told us they received care that was individual to them. They felt staff understood their specific needs. The staff had a very good knowledge of the people they were caring for. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and

decisions themselves and become more independent. There was a lively, friendly and inclusive atmosphere at the service. Throughout the inspection people were laughing, smiling and having a good time with the staff and each other.

People and their relatives were involved in planning their care and were asked about the care and support they wanted to receive. Staff spoke with people kindly, laughed and joked. They took time to listen to what people had to say and acted on their wishes. The staff team were polite while supporting people and while talking with each other. People were involved in what was going on and were supported to understand what was being said. They were involved in all conversations. Staff gave people the time they needed to say what they wanted. Staff were outgoing and friendly people and it was obvious that people liked the staff.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. People's preferences about what care and support they needed with their personal hygiene routine were detailed. Staff said people were supported to do as much for themselves as possible. People were encouraged to help with daily tasks like housework and laundry. Staff asked people what they wanted to do during the day and supported people to make any arrangements.

People were involved in making choices and decisions about their care and support. Staff explained how they gave people choices each day, such as what they wanted to wear or eat and where they wanted to spend their time. Some people liked to go out and others preferred to stay indoors. This was respected by the staff. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. Some people had family members to support them if they needed to make complex decisions about their care and support. The registered manager ensured advocacy services and independent mental capacity advocates were available to people if they wanted them to be involved. An advocate is someone who supports a person to make their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

Staff said that they kept themselves up to date about the care and support people needed by knowing what was in people's care plans and from the handovers at the beginning of each shift. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. Staff took their role as key worker very seriously and spoke at length about how they cared for and supported people. Key workers met regularly with the people they supported to find out what they wanted to do immediately and in the future. They told us how they planned trips out and supported people to get the things that they wanted.

When people wanted to speak with staff members this was done privately so other people would not be able to hear. People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to.

Everyone had their own bedroom. Their bedrooms reflected people's personalities, preferences and choices. Some people had posters and pictures on their walls. People had equipment like music systems, DVD players, T.V's and games so they could spend their time doing what they wanted. All personal care and support was given to people in the privacy of their own rooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity.

Is the service responsive?

Our findings

Relatives said "There is always something going on to educate/entertain the residents and the manager and all her staff really do go the extra mile to make the lives of those they care for as meaningful, secure and happy as circumstances allow" and "When we had some challenging behaviour with my relative they patiently found out what the triggers were and how to avoid upsets". They also said, "Staff really motivate people to do things. They always give praise and encouragement even for the smallest of things. They support us families too".

Before a person moved into the service a pre-assessment was completed. When people needed support to communicate their needs other people advocated on their behalf, for example, members of their family or someone who knew them well. People were enabled to contribute as much for themselves as possible. Information was gathered about people's interests and about what was important to them. Some people had a life history in their care plan folder, completed by relatives. It explained their lifestyle before moving to the service and the things that were most important to them. This gave a good background for staff to organise people's care. It helped staff to understand about people and the lives that they had before they came to live at St Stephens. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person. This gave the registered manager and staff information about the person and how to care and support them.

The lead nurse on duty during the inspection had a clear and sound understanding of people's health needs. They were able to explain in detail about everyone's health needs and the clinical interventions and support they needed to keep as healthy as possible. When any concerns were identified, specialist advice was immediately sought.

Each person had a care plan. The registered nurses were responsible for making sure people's care plans were accurate and kept up to date. These were written to give staff the guidance and information they needed to look after each person. The care plans were personalised and contained details about people's background and life events. Staff had knowledge about people's life history, so they could talk to them about it and were aware of any significant events. One person had experienced a family bereavement. The person, staff and a specialist had worked very closely together to prepare for the event so that the person could deal with the loss and start to come to terms with it.

People received their personal care in the way they had chosen and preferred. There was information in their care plans about what people could do for themselves and when they needed support from staff. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, continence, skin care, eating and drinking.

People had individually designed wheelchairs to make sure they were able to sit comfortably with the correct support. People's care plans contained detailed guidance about how to move people safely using

specialist equipment like hoists and slings. There was detailed care plans to prevent people's skin from becoming sore and breaking down. When people were at risk of developing pressure sores, they had special pressure relieving equipment in place, like air flow mattresses and cushions which protected their skin from becoming sore and breaking down. Staff knew what signs to look for. The registered nurses responded quickly if any concerns were identified, and made sure people received the intervention and care they needed to keep their skin as healthy as possible.

The care plans were not written in a way that would make them accessible and easier for people to understand. This was an area for improvement. People and their relatives told us they were involved in planning their care. People told us that staff went through their care plans with them and asked for input. People who were important to people like members of their family and friends were named in the care plan. The registered manager and staff had close contact with people's families and they were fully involved in people's care. The staff made sure that people were supported to send cards and gifts for significant events like birthdays.

People with complex support needs had a support plan that described the best ways to communicate with them. There was a list of behaviours that had been assessed as communicating a particular emotion, and how to respond to this. Staff said that these were helpful and helped them support the person in the way that suited them best. Some people had been assessed as having behaviour that could be described as challenging. There was evidence that the support plans in place focused on how to manage the behaviours positively and to give support in a way that was less likely to cause the behaviour. For example, making sure that staff were aware of the situations that may lead to a behaviour and anticipate what the person wanted before the behaviour actually occurred. The support described was aimed at providing alternative strategies to reduce any negative behaviour. The incidents of negative behaviours had reduced for some people.

There were detailed records in care plans of visits from, and to, GP's, district nurses, dentists, chiropodists and other professionals. There were monitoring charts that were accurately completed and shared with health professionals to help them decide on the right support.

People were encouraged and supported to join in activities both inside and outside the service. A variety of activities were planned that people could choose from. People decided what they wanted to do. There was a regular driver employed so people were able to go further afield and widen their experiences. Some activities were organised on a regular basis. People went to social events and music groups and exercise classes. People enjoyed doing jigsaw puzzles, drawing, colouring and spending time in the garden. People were encouraged to go out in the evenings. They went to discos and the theatre and had also attended parties of friends they had met at social clubs. People who wanted to attended church regularly. Key workers also took people out individually to do shopping, have a meal or drink in local area. There was a variety of in-house entertainment such as musicians and personal trainers. Some people had recently been on holiday to Camber Sands which they had really enjoyed. The lounge and hallway walls were full of pictures of the activities that people had done. They were full of smiles and people were enjoying what they were doing.

Relatives and staff told us that if they had any concerns they would go straight to the registered manager and they would sort everything out. One relative told us that in the past they had raised a concern with the registered manager they said "It was dealt with brilliantly and efficiently. I have every confidence and concerns or complaints would be dealt with".

There had been no complaints in the past year. The provider had a complaints policy in place and the registered manager was aware that all complaints had to be recorded, investigated and responded to. They

said that if more than one complaint was received they would look for any trends or themes to see if more could be done to prevent them from happening again. Information about how to complain was displayed in a hallway and it was written in a format that would make it easier for people to understand.

The registered manager had introduced a 'niggles book' which documented information about any low level concerns that had been raised. Staff had documented the action they had taken when a person's trousers had gone missing and were found in another person's wardrobe and when two people had had a minor disagreement. The registered manager said, "It is good to document small issues, they always crop up and now we know when they occur we can deal with them properly."

Is the service well-led?

Our findings

People, relatives and staff told us the service was well led. They said that the registered manager was approachable and supportive and they could speak with them whenever they wanted to. People and their relatives told us the registered manager listened to what they had to say and 'sorted things out' if there were any problems. The staff said the registered manager always dealt with issues in a calm and fair way. On the day of the inspection people and staff approached the registered manager whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager. Despite the constant demands, the registered manager remained calm and engaged with people and the staff.

Relatives said, "We would not hesitate to recommend St Stephen's to anyone who has a family member, friend or relative who needs special care", "The manager is completely involved with the day to day running of the home. The residents know that she will listen to anything they have to say - even if it's just a chat they want about nothing in particular" "The registered manager is totally dedicated. They have made a big difference to this service, it is brilliant, and I can't praise them enough. (My relative) is doing so much more, they are more independent and are supported to make choices about how they live their life" and "Whenever there is a party or a special occasion I go away feeling uplifted".

The registered manager had not identified that some incidents might be safeguarding issues. The registered manager had not been informed of some incidents and risks, so that the appropriate action could be taken to prevent them happening again. These are areas for improvement. The registered manager took immediate action to address these shortfalls during the inspection.

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to reach their full potential and develop their independence.

The registered manager had worked at the service for many years but had only become the registered manager in the past 12 months. The registered manager was being supported by a registered nurse who was the 'clinical lead' and had taken the lead role in making sure people's complex nursing, physical and medical needs were continually assessed, monitored and met. They were also supported by a team of care staff, many of whom had worked at the service for a long time. There was a strong and stable core staff team.

The registered manager regularly worked alongside staff to support people. They were keen to develop and improve the service; they encouraged people to share their views. The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. There was clear and open dialogue between the people, staff and the registered manager. They were sensitive and compassionate and had a real understanding of the people they cared for. The registered manager was open to any new ideas that the staff suggested on how to improve the care and support

people received.

Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the registered manager. The manager and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities. Staff said that the registered manager was available and accessible and gave practical support, assistance and advice.

At the previous inspection we recommended that all documentation that requires people's involvement should be written in a way that they could understand. The registered manager showed us new quality assurance surveys that people had completed. These contained smiling or unhappy faces so people could indicate if they were pleased with the service or not. The surveys had recently been submitted to the provider's head office for analysis.

Staff were asked for their feedback about the service on a regular basis. Feedback was positive and staff said they were well supported by the registered manager and were clear about their roles. One staff member had written, 'I am very proud and feel very lucky to work in the St. Stephens family.' Relatives and stakeholders were asked for their views about the service.. There was no summary or publication to people, staff and stakeholders of the results, to show continuous improvement and the action the registered manager was taking. This was an area for improvement.

The registered manager carried out regular monthly checks on the service. These covered a range of areas such as whether relevant health and safety checks were carried out and checks on the environment and quality of care.

The provider's quality department carried out unannounced audits that followed the Key Lines of Enquiry (KLOEs) used in our inspections. KLOES are used by CQC to check if the service provided is safe, effective, caring, responsive and well-led. Reports were completed with actions and timescales for completion after each visit. The registered manager showed us completed action plans where issues identified relating to recruitment records had been rectified.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.