

St Leonards Place Ltd

St Leonards Place

Inspection report

96 Maidstone Road
Chatham, Kent
ME4 6DG
Tel: 01634 831715

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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 

Overall summary

This inspection was carried out on the 8 and 12 October 2015, and was unannounced.

St. Leonards Place provides a supported living type service in that it is divided into three self-contained flats where people are supported to be as independent as possible. The flats each have separate and spacious kitchen/dining and living areas, as well as separate bedrooms and bathrooms. One of the flats has its own entrance to the rear of the property. The service is situated in Chatham and provides accommodation for three people with learning disabilities, autistic spectrum

disorder (ASD) and mental health issues. The service also provides a day care service for one person. There were three people living at the service at the time of the inspection.

There was a registered manager who was also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People and their relatives indicated that they felt the service offered a safe and effective service to their relatives. Each person was cared for in a safe and well maintained environment.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and DoLS. Mental capacity assessments and decisions made in people's best interest were recorded. At the time of the inspection the registered manager had not needed to apply for a DoLS authorisation for anyone as it was not required.

People received appropriate support with their medicines and there were policies and procedures in place for the safe administration of medicines. Staff had been trained to administer medicines in line with people's prescriptions.

Staff had received training in protecting people from abuse. They knew the action to take if they suspected abuse. The management team had access to, and understood the safeguarding policies of the local authority. However, the staff did not have easy access to the telephone numbers for the local authority safeguarding team should they need them. We have made a recommendation about this.

People's needs were assessed and reviewed on a regular basis. Changes were made with the involvement of people's families, health professionals and the person's funding authority. Risk assessments contained detailed information and clear guidance about all any risks to the person's safety. The staff knew people very well and were able to describe people's care in great detail.

There were sufficient staff to meet people's assessed needs. People were encouraged and supported to engage in activities within the service and in the community.

Recruitment practices were robust and appropriate checks carried out to make sure staff were suitable to work with people. Staff received induction training and day to day support to ensure they did their job safely. Staff received support from the registered manager through supervision and an annual appraisal.

Staff supported people with their nutrition and health care needs. People were enabled and encouraged to make decisions about their care every day.

Staff were considerate and respectful when speaking about people. Staff knew people very well, including their personal histories, hobbies and interests. There was a relaxed atmosphere in the service between people and staff.

Systems were in place for people and their relatives to raise their concerns or complaints knowing they would be responded to quickly and to their satisfaction.

There were systems in place to review accident and incidents, with risk assessments being developed as a result. The registered manager kept appropriate authorities informed of any changes to people's care and support through regular reports.

The management of the service was stable and staff felt supported by the registered manager. The registered manager undertook regular audits and took action when changes or improvements were needed.

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?

People received a safe service.

The staff were aware of their role in protecting people from harm and the registered manager would act on safeguarding concerns to protect people.

People experienced a service that made them feel safe with sufficient staff to meet people's needs. However, improvements were needed in a couple of areas.

The provider had a robust recruitment policy and procedure in place which enabled them to provide consistent staffing to people.

Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk and risk assessments were developed with people.

Requires improvement



Is the service effective?

The service was effective.

People were encouraged to be independent with maintaining their own nutrition and hydration which the provider monitored appropriately. Staff had a good understanding on how to protect people's health and wellbeing.

The registered manager had acted to fully implement adequate staff training, appraisal and supervision to develop staff and meet people's needs.

The principals of the Mental Capacity Act 2005 were understood by the manager to ensure decisions were made in people's best interest.

Good



Is the service caring?

The service was caring.

People and their relatives had developed extremely good relationships with the registered manager and staff.

People were treated as individuals and able to make choices about their care.

People and their relatives had been involved in the planning of their care and their views were taken into account.

The manager and staff maintained people's confidentiality.

Good



Is the service responsive?

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Good



Summary of findings

Information about people was updated when their needs changed and with their involvement.

People were supported to access medical treatment or referrals to health care specialists when needed.

People and their relatives were encouraged to raise any issues or concerns to the registered manager who listened and acted on them to resolve them.

Is the service well-led?

The service was well led.

The registered manager promoted person centred values within the service. They prioritised people's safety and wellbeing.

People and their relatives were asked their views about the quality of all aspects of the service.

The registered manager demonstrated they had the skills and experience to lead the service and would address any concerns as soon as they arose.

There were clear structures in place to monitor and review the risks that may present themselves and action was taken to keep people safe from harm.

Good



St Leonards Place

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 checked 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 the 8 and 12 October 2015 and was unannounced. One inspector conducted the inspection.

Before the inspection, we examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with the registered manager, who was also the registered provider and two members of staff. We were unable to speak directly with people, however, we observed the care provided to people who were unable to tell us about their experiences and the interactions between the staff. We also spoke with two relatives of people who lived at St Leonards Place.

We looked at two peoples care and support records, their medicines chart and daily reports. We also viewed to staff files and the training records for the service. We contacted one social care professional but did not receive a response.

We last inspected St Leonards Place on 10 February 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People were safe at St Leonards Place. People were unable to verbalise their satisfaction, however, they expressed contentment through smiling and gestures. The staff knew people very well and reacted positively to the staff. One relative told us, “Yes I think they are very safe being looked after. I have full confidence in the manager and the staff.”

Another relative told us that they felt that their family member was safe. They said “My daughter has everything she needs and is supported by very capable staff. If I have any concerns then I would speak to the manager.” “The service is quite unique and I would want my daughter to stay as long as possible with the same manager and staff. They look after them very well keeping them safe.” “There are always plenty of staff to take them out.”

Appropriate arrangements were in place for the administration, storage and disposal of people’s medicines. Two people had a lockable cabinet in their own flat for the storage of medicines and one person managed their own medicines independently. Accurate records were kept to monitor that each person took their medicines as prescribed. Medication administration records (MARs) were kept by the staff and signed after each medicine was taken. One member of staff explained the process they followed to ensure they monitored that people took their medicines whilst maintaining their independence.

We reviewed the MARs charts for people living at the service and the checks made each week. They showed that people received their medication as required and prescribed. Other medicines were administered by the staff on shift and signed for appropriately. Staff stored, monitored and dispensed medication safely. Medication was stored in a weekly monitored dosage system supplied by the pharmacist. Staff had received training in administering medication. The training records confirmed that all staff were trained in medication administration.

Staff had been through a robust interview and selection process. The registered manager followed their policy which addressed all of the things they needed to consider when recruiting a new employee. The service had a stable staff group with the last employee being recruited approximately three months ago. Potential new employees were invited for an informal ‘chat’ at the service. If this meeting went well they were invited to complete an

application form and a formal interview followed. Once they had been interviewed they were then invited to meet the people living in the service and spend time with them during dinner or an afternoon. Observations were made of their interactions with people and other staff members. If they were offered a position then the necessary proof of identity, written references, and confirmation of previous training and qualifications were requested. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

People were cared for in a safe environment. The registered manager kept detailed records of all portable appliance tests that were performed on a yearly basis. They also ensured that each person’s flat was safe, such as yearly boilers being tested and smoke detectors in place. Equipment was checked to ensure it was safe to use by people and the staff. The premises enabled people to remain independent and in their own flat. The premises were well maintained to protect people’s safety with good carpet secured to the floors to prevent people from tripping over. There were no formal procedures in place for reporting repairs. The registered manager conducted all the repairs himself where he was able to. For any structural repairs these were relayed to the landlord of the individual flats where appropriate. The staff told us that any repairs were dealt with promptly by the registered manager. There were adaptations where they were needed. People were supported to keep their own flats clean and tidy.

There were individual personal emergency evacuation plans (PEEP) for each person living at the service. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they could be safely evacuated from the service in the event of a fire. There was always a member of staff in the service whenever there were people at their home. The staff and people were involved in fire drills throughout the year. People’s safety in the event of an emergency had been carefully considered, however, the PEEPs did lack sufficient detail about each person’s needs in the event of an emergency.

Staffing levels were planned to meet people’s needs. In addition to the registered manager there was a staff team

Is the service safe?

of eight staff to deliver care and support to people. The staffing levels were adjusted on a daily basis depending on the requirements of people and the support they needed inside and out on activities. At night there was one waking and one sleep in staff member. The level of staffing increased at the weekend as people were around their flat so not attending day centres. The registered manager was the only male support worker so would often support one male person where needed.

Staff told us they would follow the provider's policy about safeguarding people from harm. The registered manager sent us their policy and procedure on safeguarding people from abuse following the inspection. The policy was available to staff and gave them details of what would be required should they need to report any safeguarding concern to the appropriate authority. However, they did not have easy access to the contact numbers should they need them quickly. The provider had not made any safeguarding referrals for some time and the Commission had not received any concerns since the last inspection.

We recommend the provider ensures that the contact details of the local authority safeguarding team are made readily available for staff at all times.

Staff had received training in safeguarding people from harm. One member of staff we spoke with was aware of their role and responsibilities in relation to safeguarding people. They did tell us they would contact the registered manager if they had any concerns and knew they would be dealt with quickly and appropriately. Staff spoke

confidently about their understanding of keeping people safe. They gave us examples of the signs to look out for that would cause them concern. For example bruising or abnormal behaviour. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Staff were aware that people living with a mental illness or learning disability may not always be able to recognise risk or communicate their needs effectively.

People had detailed risk assessments in place to help protect people from harm. For example one person had an assessment in place for crossing the road. This had recently been put into place following a couple of incidents. We saw the incident reports in the person's file and how this informed the risk assessment. The number of incidents had subsequently reduced since this was introduced. Other risk assessments were in place and the steps staff needed to follow to keep people safe were well documented in people's care plan files. Additional risks assessments instructed staff how to promote people's safety, health and well-being. Staff understood the risks people living with a learning disability faced and made sure that they intervened when needed.

Incidents and accidents were checked by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. This ensured that risks were minimised and that safe working practices were followed by staff.

Is the service effective?

Our findings

Staff received supervision with the registered manager every three months plus an annual appraisal. The registered manager worked alongside staff on a day to day basis and felt able to monitor their performance. Staff said that at supervision they discussed the care and support they provided and any issues that arose. They talked about their key client if appropriate and any change to people's care and support. Staff said that they could bring up anything they wished to discuss. Supervision and appraisal was a two way dialogue, used to develop and support staff.

The staff we spoke with told us of the training they had been undertaken in the last year. They explained that they had undertaken courses on the administration of medication, infection control, basic food hygiene and safeguarding adults. Staff said they had undertaken an NVQ level 2 or 3 in care or learning disability. We saw that these were evidenced on individual staffs training matrix. Staff received the skills and knowledge they needed to care for the people living at the service.

People were provided with a choice of suitable and nutritious food and drink. People's likes and dislikes had been recorded in their care records and staff said people were offered choices at meal times. Although people were not able to verbalise their choices, a staff member told us people were able to tell the staff what they liked to eat and drink. It was clear the staff knew people well and had good communication with each person. They were able to recognise people's different communication methods and gestures. For example, one person was able to choose meals from the fridge or freezer. People were encouraged to decide what they would like to eat on a daily basis.

There were no individual menus for people. Each person had their own kitchen where food and drink was stored for them. The shopping for their food was supported by the staff, but people chose what they wanted to eat and also what food they wanted to buy each week. This meant people were able to make choices regarding the meals they ate. People had their weight monitored where it was appropriate to do so. One person had been on a calorie controlled diet to help them lose weight. They had attended classes with staff support and had lost weight as a result. The person and their family were very pleased with the result and kept to a healthy diet as a result. What

people ate on a daily basis was recorded by staff; this showed that people had a varied diet that contained fresh fruit and vegetables every day. Staff ensured people's weight was monitored which kept them healthy and safe.

We observed staff assisting one person to eat their meal. They sat with the person and feed them at their rate, explained what they were doing. We heard people being offered drinks at times other than at meal times. Staff supported people to eat and drink enough to keep them well and hydrated.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. As staff knew people well they recognised people's response to their questions and directions. The staff knew when people refused any care or support and responded appropriately to people. They said they would try again later if needed to ensure people's needs were being met. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. One member of staff and the registered manager described to us an example where they had taken appropriate steps to support one person to have an operation they needed. They involved the relatives, social and health care professionals through a best interests meeting to ensure the decision was in the person's best interests. The relative of the person told us how well this had been managed by the staff and how the operation went smoothly without too much stress for the person involved.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit them. The registered manager had not had any reason to submit any applications to the local authority as they were not required. This ensured that people were not unlawfully restricted.

People's relative and staff told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. People accessed support from the chiropodist, the GP, the district nurse and a community psychiatric nurse. Staff had

Is the service effective?

referred people appropriately to healthcare professionals and a record was kept of the outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any

changes in people's health were acted on quickly. People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible.

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. One person with limited communication skills commented said they liked living in their own flat and the staff that supported them.

During the day we spent time observing and chatting with staff and people at the service. There was a friendly, relaxed atmosphere and people and staff were very welcoming. We observed caring relationships between people and staff. People showed interest and concern for each other and greeted each other warmly when they returned from activities outside the service and entered the ground floor lounge. A member of staff told us, "I have found it a very happy service to work in. People interact well with each other. And it is very different to where I worked before". People gave us positive signals through gestures and hand signals that they liked the staff and service being provided. This was equally expressed by the relatives we spoke with "All the staff are very caring, it's like [relative] is part of a bigger family, where they are all well looked after."

Staff were very knowledgeable about people's needs, their likes, dislikes and the activities they liked to pursue. The staff communicated individually with each person who lived at the service about the activities they liked such as horse riding, going for rides in the car, go shopping, bowling or just go for a walk. One staff member told us how each person had quite different interests, such as horse riding on a fortnightly basis. We observed that the person went out for horse riding on the second day of our inspection. People also participated in domestic tasks around the home; including making themselves hot drinks and taking their laundry to be washed. This helped people to feel valued and involved in the day to day running of the service.

During the day we saw people were able to carry out many aspects of their own care. One person required additional

support; however, this was conducted in the privacy of their bedroom. People's privacy, dignity and independence was promoted by all levels of staff who worked for the service. For example, they encouraged people to assist with their own personal care tasks wherever possible, in order for them to remain as independent as possible.

Staff demonstrated an understanding of each person's diverse needs. They described the one to one support that was required throughout the day and on different days of the week. All members of staff, and the provider, regularly interacted with each person who lived at the home. Staff did this in a skilled way that helped the people to really contribute to these necessary tasks in an active way. Staff demonstrated that they involved people and this in turn helped to promote their well-being and maintain their independence.

Staff told us that communication systems within the home worked well and the registered manager passed messages amongst the staff team as and when required. A communication book was in use where important messages could be passed between changing staff shifts.

Staff encouraged people to identify what was important to them and supported their choices according to their wishes. This enabled people to make their needs known and to be involved in making decisions that affected their care. The staff we spoke with understood how to support people and to assist them to make choices and maintain their independence as much as possible.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the service office which was located in the top flat of the building. Records we viewed were up to date, held securely and care records could be located quickly when needed. Other records relating to the service were kept locked in the registered managers office.

Is the service responsive?

Our findings

The staff encouraged people to discuss issues they may have about their care. People indicated to us that they could talk to any member of staff at any time about their concerns. Relatives told us that if they needed to talk to staff or with the registered manager they were listened to and action was taken.

One person showed us the activities they enjoyed undertaking and the records they kept to show their relatives. One person enjoyed horse riding and the cinema. Relatives confirmed with us that people had active lives doing things they enjoyed.

One relative told us “The registered manager often comes to my home to discuss my daughters care as I can’t visit as often as I would like.”

Another relative said, “There’s never any issue about getting the doctor, the staff are very good at keeping me informed. I always get a phone call from the staff when the doctor has been called”.

People's needs were assessed and treatment and support was planned and delivered in line with their individual care plan. People's needs had been fully assessed and plans had been developed on an individual basis. The three people living at the service had been with the provider for a number of years and had grown up together through day services and then moved to the service to promote their independence. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they and their families, were involved in discussing and planning the care and support they received. We saw that assessments, care plans and risk assessments reflected people's needs and were well written. Care planning reviews took place with people or their relatives on a monthly basis. Any changes were thoroughly discussed with relatives before the changes implemented.

The registered manager wrote detailed reports for each person's care manager and families on a quarterly basis to keep them informed of people's support, changes to their care and achievements or issues that had arisen during that time. These had identified how the service and staff had been responsive to the changing needs of people.

The registered manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in the care records for services such as Speech and Language Therapist, continence services and GP appointments. These gave guidance to staff in response to changes in people's health or treatment plans. There was continuity in the way people's health and wellbeing was managed.

We observed care being provided and found people indicated by their behaviour that they liked the home, the staff and were happy with the care provided. One person we spoke with expressed enjoyment of the activities that they participated in within and outside the home. They were happy to show us their room and some of their crafts. People were observed to be encouraged and supported by staff members to choose to participate in activities of their choice. This was done on a daily basis and took place during the day and evening. People were encouraged and supported to participate in activities that matched their abilities and choices. Staff were also matched to each person who had the same interests.

There was a policy about dealing with complaints that the staff and registered manager would follow. This ensured that complaints were responded to in the hope that the complainant would be satisfied with the outcome. The service had not received any complaints for a long time. The registered manager and relatives told us that if any concerns were raised they would be dealt with immediately and resolved where possible. The registered manager aimed to deal with any concerns that people, relatives and staff had before they became a complaint. Relatives had confidence in the registered manager and would have no hesitation to complain if they felt it necessary to do so.

Information was available to people on how to make a complaint if they were unhappy or concerned. Relatives had access to the information about who they could speak to and the procedure which would be followed. One relative told us “I can be quite vocal and I would speak out if I wasn't happy about anything.” “I am very pleased with the care my relative receives and haven't had any cause to complain.” Staff told us they would talk to the registered manager if they had any concerns or issues, and would support people to complain if they wished to. Relatives were confident that any complaints they raised would be listened to and acted upon.

Is the service well-led?

Our findings

Relatives we spoke with were very complimentary about the registered manager. They described the leadership of the service as “excellent”. One relative said “you couldn’t wish for a better person. He is an excellent manager and makes the care he provides all about the people.” “The staff are all brilliant and know what my daughter wants and needs on a daily basis.” “All the staff have been with the manager for a very long time and I think because of him they have stayed as long as they have.”

The registered manager was also the provider. They were a small service and did not have any other services to link in with for support, share best practice or review any improvements they may make. However, the registered manager demonstrated they worked with a number of key health and social care professionals to make sure they provided the best possible care and support to people.

The relatives told us how the registered manager and staff went out of their way to ensure they felt included in the lives of the people. They said they were asked for their views about their relatives care and treatment on a regular basis and ensured they felt included in any decisions. There were no formal surveys or questionnaires to gain people’s views. However, the registered manager was in regular daily contact with people, their relatives and staff.

There were regular staff meetings and one had been held the day before our inspection. The registered manager showed us the notes of this and previous meetings held. They discussed each person and any issues or changes. Any ideas for improvements and generally how they all felt. We found the meeting was well attended by the staff and they were encouraged to share their views with the provider. Staff said these meetings were useful as they discussed issues related to the people they cared for and their own queries.

The provider explained that they were a small team and the meeting was made into a social event by having a buffet for staff to show appreciation for their hard work and

dedication. This demonstrated that the provider discussed issues related to the care and welfare of people who used the service with staff in order to improve the service provided.

We observed that staff communicated effectively with people who used the service. The staff communication book acted as a good reminder of what needed to be done on any specific day. Staff we spoke with told us that the manager supported them, and worked with them to make sure they provided appropriate care and support to the people. One staff member explained “I have been with the provider for nearly 20 years. We stay because we are supported but also because the people who live here are like family.”

Staff told us that they had regular discussions with people and their relatives to ensure the care and support was meeting their expectations. One person had a daily diary which the staff completed for the family so they could see how they spent their day. The diary also acted as communication between the service and families as a record. The relative found this really useful and appreciated the contact they had being recorded on a daily basis.

An annual quality assurance audit which was linked to key care standards had been completed in December 2014. This looked at the home’s health and safety, any issues that had arisen and identified necessary changes in an action plan. This showed that the quality of the care and welfare was monitored and discussed with family members. The registered manager told us that this next year’s quality report was due in November 2015 and the tool would need to be changed due to the fundamental standards having been introduced.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed and new staff were encouraged to read these as part of their induction programme. However, the provider may wish to review these to ensure they contain the correct contact numbers should they be needed by staff.