Community Integrated Care

St Stephens Care Home

Inspection report

St Stephens Court
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection was carried out on 18 and 19 February 2019 and was unannounced. We last inspected St Stephen's Care Home on 19 July 2016.

St Stephen's Care Home (St Stephen's) is a 'care home' providing care and accommodation for up to 40 older people. The premises are on one level and divided into two units, one of which provides support to people living with dementia. At the time of our inspection there were 37 people living at the home.

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

People continued to receive a safe service and were protected from harm and abuse. Medicines were managed and administered safely. Accidents and incidents were recorded and management had oversight to identify developing patterns to mitigate the risk of recurrence. Although we received contrasting feedback about staffing levels, during the inspection we observed that there were sufficient staff to meet people's needs. Safety checks were carried out to ensure St Stephen's was a safe place to live. Measures were in place to control and prevent the spread of infection.

People continued to receive an effective service. People's needs were assessed before they came to live at St Stephen's. Staff received a wide range of health and social care related training. Regular staff supervision and appraisal took place. Staff competency was checked. Food was served in line with people's dietary needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to receive a caring service. People's privacy, dignity and independence were promoted and they were treated fairly and without discrimination. People's individual communication needs were considered. We observed kind, caring and patient staff practice.

People continued to receive a responsive service. The service was homely and person-centred. People's preferences and needs were recorded in a personalised care plan. A new system of care planning had been introduced including a more robust process for review. There was a policy and procedure in place to manage and respond to complaints. People's future wishes for end of life care were considered and the service followed the 'Six Steps' programme to ensure high quality care at this stage of life.

People continued to receive a service that was well-led. There was a well-developed performance framework to assess the safety and quality of the service. Measures were in place to continuously improve the service. There was a registered manager in post who was due to leave however a new manager had been

recruited. The regional manager would be responsible for overseeing their induction to facilitate a smooth transition.

We have made a recommendation that the registered provider reviews access to records to ensure that they are available in the absence of the registered manager.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

St Stephens Care 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 comprehensive inspection took place on 18 and 19 February 2019 and was unannounced on the first day. The inspection was carried out by an adult social care inspector, assistant inspector, specialist advisor and an expert by experience on the first day and an adult social care inspector and assistant inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisor was a nurse.

Prior to the inspection we checked information we held about the service including whether we had received any statutory notifications. A statutory notification is information about significant events which the service is required to send us by law. The provider had 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 any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with; the clinical lead assistant service manager, head of compliance, regional manager, a nurse, seven support workers, a kitchen assistant, activity coordinator and a member of the housekeeping staff. We spoke with 11 people who lived at St Stephen's and five visitors which included the GP who supports the service.

We looked at care records belonging to ten people, four staff recruitment records, ten medication administration records (MARS) and other documents relating to the operation and safety of the service.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us and made observations of the premises and care practice.

Good

Is the service safe?

Our findings

People told us that they felt safe living at St Stephen's. Their comments included, "Yes, the people (Staff) around make it safe"; "Oh, yes". Visitors also said they felt their relative was safe at the home. They said, "I do, very much. (Relative) seems more content" and "Yes, much safer here than at home because they watch (Relative) doesn't fall".

People were protected from the risk of harm because processes were in place to minimise the risk of abuse and accidents/incidents. Staff received training and were aware of the steps they should follow should an accident or safeguarding incident occur. We saw that accidents/incidents and safeguarding referrals had been recorded and dealt with appropriately including management oversight to identify actions required to prevent recurrence.

We looked at recruitment records for four members of staff. Pre-employment checks had been carried out including Disclosure and Barring Service checks (DBS). DBS checks include a criminal record check and an additional check to see if the person has been placed on a list for people who are barred from working with vulnerable adults. These checks support safe recruitment decisions.

Since the last inspection there had been changes to the staffing structure and a new advanced carer role had been introduced. In depth training and competency checks were carried out before staff achieved this status.

Established dependency tools, along with professional judgement, were used to determine the number of staff required which was regularly reviewed. We received contrasting feedback in terms of staffing levels since the structure changed, mostly about specific times of the day. However, during the inspection we observed a calm and peaceful atmosphere at all times and that staff were attentive to people's needs in a timely manner. Most of the people we spoke with told us that they did not ever feel rushed.

Comments received about staffing levels included "Yes, always there when you need help or a chat"; "Definitely, yes. I visit every day" and "No, sometimes like 1:30 to 2:00 there are not enough as they go on breaks". Similarly, staff expressed differing views in that some felt the impact of changes made shifts busier whilst others felt there was always sufficient staff. We discussed all of the feedback received with the management team during the inspection. The clinical lead assistant service manager told us that they would review the deployment of staff during shifts including a more structured approach to staff breaks.

Medicines were managed and administered safely. During the inspection we observed an advanced carer completing a medication round. They demonstrated a clear understanding of systems and processes to ensure that medicines were managed and administered safely. We reviewed a sample of MAR charts which had been completed correctly and also checked the stock of a sample of medicines which we found to be correct. The staff member told us that they had received excellent support from the nursing staff to help them prepare for their new role.

The premises were visibly clean and tidy. There was a ready supply of personal protective equipment (gloves and aprons) to control and prevent the spread of infection. One person told us, "Oh it's clean, yes and they look after us." We saw evidence that safety checks were completed to ensure St Stephen's was a safe place to live, for example, electric, gas and fire safety.

Good

Is the service effective?

Our findings

We checked that staff were familiar with the Mental Capacity Act 2005. Consent was sought before care and support were provided. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that applications had been submitted to the local authority as required.

People's needs were assessed before they came to live at St Stephen's in order to ensure that the service could provide the level of support they needed.

New staff completed an induction which included observing an experienced member of staff before working independently. Staff received training in a range of health and social care topics which ensured they had the necessary skills and knowledge to deliver effective care and support. People expressed that staff were well trained, they told us, "Yes, the way they (staff) do it shows that."

Staff supervisions, appraisals and direct observations of practice were carried out. Detailed records were kept and staff told us that they found supervision and appraisal sessions useful and "informative". When agency staff were used, a profile was obtained to ensure that the person had been appropriately trained and safe recruitment checks made. There was an induction process for agency staff.

There was a main kitchen with additional satellite kitchens on each unit. Meals were delivered to the premises from an external company in frozen form. Kitchen staff prepared fresh vegetables and home-made cakes. We observed the mealtime experience on Saxon unit and found that people ate well and enjoyed their meals.

Food was served in line with people's dietary needs, looked appetising and there was plenty of choice available. Staff assisted people who needed support with their meal in a kind and patient manner, sitting beside them offering encouragement. The risk of malnutrition was monitored using an assessment tool and people's weight was regularly checked so that unintentional weight loss or gain could be followed up.

People had access to a range of external professionals to maintain their health including dietician, tissue viability nurses and the service was well supported by a local GP surgery. A doctor visited twice weekly and as and when needed. We spoke the doctor during the inspection. They had previously raised concern about staffing changes and the introduction of the advanced carer role. They told us that they felt the service had "stabilised".

We saw that people's rooms were personalised with individual's belongings. There were no en-suite facilities however, there were ample well-equipped communal facilities. A 'pub' area had recently been created named 'The Mason Arms'. Seating, a bar with an inter-changeable backdrop and accessories provided a warm and welcoming ambiance of visiting a local pub. Plans were in place for a programme of refurbishment.

Good

Is the service caring?

Our findings

From our conversations with people living at St Stephen's, staff and family members we found that people were treated in a caring way, with kindness and respect. Comments received included; "Staff seem to really care and are very kind"; "It's lovely, they are always there when you need help"; "The girls (Staff) are wonderful" and "Staff are friendly".

We observed kind, caring and respectful staff practice and saw that warm relationships had been developed between the people living at St Stephen's and the staff, with consideration to the need to promote dignity and privacy. A member of staff told us, "We provide a really nice homely home. I got really nice vibes when I came here. Really nice relationships and a genuine atmosphere."

We saw that friends and relatives visited throughout the inspection. This helped people to maintain relationships that were important to them and prevented isolation. Visitors told us that they were made to feel welcome within the home, comments included, "Made to feel welcome, yes, the general ambiance. Always greeted and (Staff) interact willingly".

Staff demonstrated a desire to care for people in the best possible way. We saw that people were encouraged to maintain their independence as much as possible with encouragement and guidance from staff.

It was acknowledged that staff were busy however, a staff member commented, "Even though you are busy, it's a nice busy because you know you are doing the right thing for people." Other staff comments included, "Everyone really cares, you can't do this job if you don't care", that St Stephen's was "Very good at putting the residents as the main priority" and "Always thinking about the residents and putting them first".

The clinical lead assistant service manager was aware of local advocacy services for people who may require support to make decisions and do not have friends or family to assist them. Details of these services were displayed within the home. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

Good

Is the service responsive?

Our findings

People's preferences, likes, dislikes and communication needs were recorded in their personalised care plan. We saw that staff knew people well and this was also evident from comments we received during the inspection from the people living at St Stephen's and their visitors. Comments included, "They seem to know (Relative), they talk about (Relative's) love of gardening" and "Very well".

Staff received training which ensured people were treated fairly and without discrimination. People's cultural and religious views were respected for example, taking part in holy communion. We were told that there was no-one with specific cultural dietary needs living at St Stephen's at the present time however, this was discussed during the pre-admission process to ensure arrangements would be made to meet those needs.

We were told, "Everyone is treated as an individual. Every room they (Staff) go in they take one hat off put another one on because they are dealing with a different person" and "They (people living at St Stephen's) are all individuals and have choice. It's down to their choice".

Care plan documentation and monitoring charts had recently changed as had the process for review. We received feedback about people's and family involvement in care planning and review and saw that the new system included improved documentation. One relative told us "Yes, and they have changed it". This was because the person's needs had changed.

However, the care plans for one person were not reflective of their current needs, although we saw that the person was receiving appropriate care. We discussed this with the management team and the care plans were immediately updated. The clinical lead assistant service manager told us that the implementation of the new system had presented some challenges, however, staff were being supported to understand the requirements of the changes. We have reported on this in more detail in the Well-led section of this report.

Staff told us, "All have individual care plans, all revolve around their needs. If they are not happy to get up in the morning we leave them until they are ready." During the inspection we observed a calm and gentle morning routine which allowed people to begin the day at their own pace. We asked people whether they could choose when to get up and go to bed and all told us that they could. One person told us, "I got up quite early today", whilst others had breakfast in bed and got up and dressed later on.

There was a policy and procedure in place to manage and respond to complaints. People and their visitors were aware of who to speak with if they had concerns and felt able to do so.

An activities co-ordinator was employed to oversee a programme of activities which included visiting entertainers. Most people we spoke with were satisfied with the activities available although one person said, "Perhaps we could have more."

People's future wishes for end of life care were considered as part of the care planning process. The service

followed the 'Six Steps' programme which aims to ensure high quality care at this stage of life.

Good

Is the service well-led?

Our findings

The service had a registered manager although we did not meet them during the inspection as they were on leave. 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.

We were informed that the registered manager was due to leave the service and a new manager had been recruited. In the absence of the registered manager the clinical lead assistant service manager was responsible for day to day operation with support from the regional manager and head of compliance, all of whom we met during the inspection. Recruitment was also ongoing to further strengthen the staff team.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) about important events that happen in the service. They do so by submitting a statutory notification. From records reviewed we saw that notifications had been submitted without delay. A notification about a recent event was to be submitted and we saw that the allegation had been reported to other relevant bodies and investigated thoroughly.

The latest CQC rating was displayed as required. This is a legal requirement to inform people and those seeking information about the service and visitors about our judgements.

There was a well-developed performance framework which assessed the safety and quality of the service. We saw that actions identified from audits had been followed up. There was a service improvement plan in place to support continuous improvement. A copy was displayed for ease of reference and we were informed the registered manager monitored an electronic version. The copy displayed evidenced it was last updated in October 2018. Although we were informed that the registered manager had reviewed the plan since that time, we were unable to check the electronic record as this could not be accessed in their absence.

Staff, resident and relative's meetings were held and documented. Daily "Flash Meetings" were also held with management and staff from each department to discuss important information relevant to the day. Staff told us they found these meetings useful and that they felt comfortable to "have our say". People living at St Stephen's and visitors we spoke with told us that they could speak with manager or staff should they have any concerns and quality of service surveys were carried out. The clinical lead assistant service manager confirmed that surveys had been distributed in 2018 and that responses had been gathered and actioned by the registered manager. However, they were unable to locate the surveys and subsequent actions at the time of the inspection.

We recommend that the registered provider reviews access to records to ensure that they are available in the absence of the registered manager.

The vision and aims of the service were displayed within the home which included principles to achieve those aims in relation to privacy, dignity, independence, choice, rights and fulfilment.

The provider and the management team had made changes to continuously improve the quality of the service such as staffing structure, more robust care planning, supporting staff to embrace change and a plan for refurbishment. We asked about challenges that the management team had faced and were told that implementing those changes had been the biggest challenge.

From our conversations with staff we could see that there were differing views of the changes made and impact of them. This was also evident in terms of feedback about staff morale. The management team present during the inspection gave a detailed account of their vision for improvement and why the changes had been implemented. They also demonstrated how staff were being supported to understand and implement the changes.

Staff told us that there was a good team spirit and that they supported each other. Comments included, "Good team spirits, everyone gets on", "Everybody is knowledgeable and will share that information. Good at team work, everybody flexible and helpful" and "We work as a team, work on same page - team work is good".

Since their arrival, the management team had built relationships with external agencies, for example, the local authority quality assurance team, dieticians, tissue viability team and GP. The clinical lead assistant service manager explained the importance that was placed on ensuring positive relationships were made.

Most staff we spoke with told us that management were fair and approachable. We were told "Management are extremely supportive", "Management have been brilliant and supportive, a lot of people don't like change" and "It is quite open, I can say what I want". Less positive comments included, "Still like the home and like working here but feel under pressure. All the changes, brought in new paperwork". We received some very complimentary feedback about the clinical lead assistant service manager from staff, relatives and a visiting professional.