

1st Care Limited

# Stubby Leas Nursing Home

## Inspection report

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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 inspection was unannounced and took place on 26 April 2017. Stubby Leas is registered to provide accommodation with nursing support for up to 48 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection, 40 people were using the service. Our last inspection visit took place 26 August 2016, and the service was rated as Good. At this inspection visit, the service remained Good.

There was a registered manager in post. 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.

People continued to receive care that was safe, and were protected from harm by staff that understood how to promote people's safety. Risks to people were assessed, monitored and reviewed to minimise potential harm. There were enough staff to meet people's needs and there were effective systems in place to ensure staff were suitable to work with people. Medicines were managed safely, and people were protected from any risks associated with them.

Staff had the knowledge required to carry out their roles effectively and they received training to develop their skills. People were supported to make decisions, and when they were unable to, any decisions made were seen to be in people's best interests. When people who lacked capacity to make decisions were seen to be restricted, this was done legally.

People were supported to maintain a balanced diet and were able to access healthcare service when needed. They were supported by staff who were caring, kind and compassionate. Staff understood people and promoted their independence, dignity and privacy. People were able to maintain relationships that were important to them.

The care that people received was personal to them and met their individual needs. They were involved in the assessment and planning of their care. People were able to take part in activities they enjoyed and the provider encouraged people to give feedback about their care. The provider listened to people's views and acted on any concerns or complaints.

People were positive about their experiences of living at Stubby Leas. There was a positive, open culture promoted, and staff enjoyed their work and were motivated in their roles. There was an effective quality assurance system in place, and this was used to drive continuous improvements within the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Stubby Leas Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 26 April 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with four people who used the service and five visiting relatives and friends. We also spoke with two members of care staff, one senior carer, two nurses, the administrator and the registered manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of four people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

## Is the service safe?

### Our findings

People were safe with the support they received from staff. One person told us, "The staff help me to be safe; they are here when I need them and check that I am alright." One visitor said, "We've never looked back; I now don't worry about my relation as I know they are well cared for." Staff knew and understood their responsibilities to protect people from harm. They were aware of potential signs of abuse and were confident to raise any concerns. The registered manager had referred people to the necessary authorities and had informed us if there were any incidents that affected the safety of the people who used the service.

Risks to people were assessed, monitored and reviewed. Some people were at risk of falling and we saw that staff would ensure people had their walking frames close by to them if they wanted to move. When people had fallen, we saw that actions were taken to reduce the risk of this happening again. Some people needed to use equipment when they transferred, and we observed staff follow the guidance so this was done correctly and safely. We saw that people had a variety of risk assessments in place, and these were specific to each person. Staff told us how they would refer to these so that risks to people were minimised.

People had personal evacuation plans in place that reflected the support that people would need if there was an emergency. Staff were aware of the actions they should take should this happen. We saw that these plans were reviewed monthly to ensure that staff had the up to date information they needed. Fire drills were completed so that staff were confident in responding to situations. One member of staff told us, "We act as if there is a real fire, and our response times have been improving."

There were enough staff to meet people's needs and keep them safe. One person said, "There are enough staff; if I ever need anything, the carers will come to me quickly." One visitor told us, "Whenever I come, there are always a lot of nurses and carers around." We saw that the staffing was based on the needs of the people who used the service. One staff member said, "There are enough staff; people are not rushed and we can give them the time they need." Some people had dedicated staff members to support them during the day. One staff member commented, "We take it in turns when supporting people on a one to one basis. It's good this way as the person has different people to interact with." We saw that when people needed this level of support, they received it."

We checked to see how staff were recruited. One staff member told us, "I wasn't able to start working here until my references and police checks had been completed." The staff records we looked at confirmed that the necessary checks had been made. This included employment histories, people's identity and disclosure and barring service (DBS) checks. The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people from working in services. This demonstrated that the provider had recruitment systems in place to ensure that staff were suitable to work with people.

People received their medicines as prescribed. One person told us, "The nurse always gives me my tablets when I need them, and they write it down on the sheet when I've had them." We observed people being given their medicines. Staff explained to people what they were having, made sure they had a drink, and watched people take their medicines before leaving them. When people needed creams applied to their

skin, a body map showed staff the areas that should be treated. Only staff who were trained to administer people's medicines completed this task. When people took medicines as required rather than every day, we saw there were protocols in place that explained when people should have these. Medicines were stored securely so only authorised people could have access to them, and they were stored according to the manufacturers recommendations.

## Is the service effective?

### Our findings

People were supported by staff who had the knowledge they needed to carry out their roles. Staff knew people well, and one person told us, "I think they know me better than I do." One visitor said, "All the staff know the individuals here and are aware of their difficulties." Staff told us they received an induction to prepare them for their role. One staff member said, "I was supported to complete the care certificate when I came here." This sets out common induction standards for social care workers to enable them to develop and demonstrate key skills to ensure they deliver safe, effective, compassionate and high quality care. One visitor commented, "The experienced ones share the support with the carers who are less experienced. It means they get to know people and learn how they should do things."

Staff received training to develop their skills. One staff member said, "We have regular training, not only in the mandatory areas like moving and handling, but also to cover specific conditions and how we should work with people. We use our supervisions to identify any training we need and then it is arranged." We saw that people's learning was evaluated and their competencies were assessed. Training was available to all the staff in the home, not just those who provided a direct care role.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some of the people living at Stubby Leas were not able to make certain decisions for themselves. We saw that when this happened, assessments had been completed and the provider had shown how the support given was in their best interests. This information was specific to each decision or activity. Staff were familiar with the principles and guidance associated with the MCA. One staff member told us, "Even if people find it difficult to make some decisions, they still have rights and are able to make choices. We have to make sure people are safe, and if they don't understand, the people who know them well will then have to decide what's the best thing for them." We saw that when people who lacked capacity were being restricted, applications had been made to the relevant authority to ensure this was being done legally. People were supported and encouraged to make decisions about their care and support, and staff knew how to do this. We observed staff offer people choices throughout the day, and when needed, gave people options to assist them in their decision making.

People were supported to maintain a balanced diet. People enjoyed the food, and one person told us, "We have nice meals. I really enjoy them." We observed people having their breakfast and lunch. People were able to choose when they preferred to eat, and which area of the home they liked to sit in. Staff were

attentive to people's needs, and responded quickly when people needed support, encouragement or reassurance. Meals were served individually to people so they could choose from the options available. One staff member commented, "We are aware that people's preferences can change overtime, so we will always check what people want each day." Drinks were readily available for people, and they were shown the cartons to assist them in making decisions.

Some people were at risk of not eating enough. One staff member told us, "We will encourage people to eat, and if they are reluctant will offer what we know their favourite things are. We keep notes of what they have had, if they have refused, and the nurses will check this each day. If people are at risk, we check their weights weekly, other people will be monthly. Any concerns are reported to the nurse and GP who may prescribe supplements for people." One visitor told us, "My relation has put on weight since being here, and they are lot healthier than before." Staff were aware of any specific dietary requirements people had, and followed recommendations made by other professionals. The records we looked at confirmed what people had told us.

People had regular access to healthcare services. One visitor told us, "The staff respond to any changes really quickly and always keep me informed about what's happening." One staff member said, "We have good relationships with all the local healthcare professionals, and work well together." We saw visits from or to healthcare professionals were arranged for people when needed and the outcomes recorded when people had been seen. Actions were taken and recommendations were followed. This meant that people were supported to maintain good health.

## Is the service caring?

### Our findings

People were supported by staff who were kind and patient. One person told us, "They are all wonderful." One visitor said, "The care is very personal; the staff don't just treat my relation like a client." We saw some recent feedback from a relative who wrote, 'Stubby Leas has always felt like home, and the staff like family who look after all the residents with a great deal of care and affection.' We observed staff support people in a gentle, unrushed manner. People were listened to and given time to do the day to day activities they wanted, and all the interaction we observed was attentive and considerate. People were happy in the company of the staff and we saw a lot of smiling and laughing. One visitor told us, "The staff are friendly, and my relation is more relaxed since they've been here. They are always singing and look happy when I come."

Staff had a good understanding about the people who used the service. We heard them chat together about things that were important and of interest to them. Staff responded when people became anxious, and were able to calm people as they knew how to do this, and what would support people in this situation. Some people liked to have a reassuring touch; others were shown pictures to help them understand. We saw that people's care records gave staff the information they needed to do this in a consistent manner. This demonstrated that staff were able to respond to people in a caring and compassionate way.

People were involved in making decisions about their care and support. We saw that people chose when they were ready to get out of bed, and were supported to spend time in the areas of the home they chose. Staff would be guided by people, rather than staff directing them, and staff listened and responded to the choices people made. Staff understood how people communicated, and this was reflected in their care. For example, one person became anxious, and a staff member immediately responded by sitting by them as they completed some daily notes. The person was reassured by the staff's presence, and became less anxious.

People's independence was promoted. One person told us, "The staff help me when I need, but do try to get me to do as much for myself as I can." One relative said, "The staff encourage independence where possible." Another relative commented, "My relation has come on leaps and bounds since being here. They are doing far more and they are a lot calmer and relaxed." We saw that people were able to walk around the home, with support when needed. People had equipment in place to promote their independence, for example special plates and cutlery.

Staff respected people's privacy and their dignity was upheld. When people had finished eating, we observed staff gently wipe their faces to ensure they were clean. If people spilt food on their clothing, staff would support them to change their clothes. We saw that window coverings had been added to downstairs rooms to maintain people's privacy. Staff were seen to knock on people's doors before entering, and would support people with the personal care needs in private. One relative told us, "The care here is consistently good; a high standard all day."

People were able to maintain relationships that were important to them. We saw that visitors arrived at various times throughout the day and there were no restrictions as to when they could call. One visitor said,

"They are always friendly, open and welcoming; always helpful if I want to know anything or have any questions." Another relative had written, 'I know a warm, friendly and genuine welcome awaits me every time I visit.'

## Is the service responsive?

### Our findings

People received care that was personal to them and met their individual needs. One relative told us, "They know all about my relations ways, and found out all about them before they moved in." We saw people and their relatives had been involved with the assessment and planning of their care. One relative said, "The manager came to visit before my relation moved in. They really found out about them, their history, what they needed help with, and the best way to support them." People's support was reviewed, and one relative told us, "My relations care plan was updated a few months ago and I was fully involved in the review." The records we looked at confirmed that people had participated in this process, and the care plans were individual to people. They gave staff clear information and guidance to follow. Staff told us the care records helped them provide support to people. One staff member said, "All the information is here for me, I know I can pick up the file and I will find any guidance I need. It means that we all know how to support people in the best way." People received care that was responsive to their changing needs. For example, when people's mobility had changed, their care needs were reviewed and the level of support had changed. We saw that this had resulted in a decrease in falls.

People were supported to take part in activities and follow their interests and hobbies. One person said, "We have trips out that I enjoy; and here we do cooking, exercise classes, a book trolley comes round, and staff organise various games. We don't have too bad a time here." One relative commented, "There is always someone around that my relation can talk to; they enjoy that." Another relative told us, "There is dancing, various crafts, and entertainment laid on." We saw that families and friends had been involved with different activities, and there were photographs around the home depicting the various events that had happened. People were able to help themselves to a variety of items that would offer stimulation and encourage interaction with staff. People were able to spend time in quieter areas if they preferred, and some chose to spend time in their rooms. One person told us, "If I'm here on my own, the staff will always pop in to have a chat and make sure everything is okay."

People and their relatives knew how to raise any concerns or make a complaint. They told us they would be happy to do this and said that they were confident any issues would be acted upon. One person commented, "I know I can talk to the manager or any of the staff if ever I needed to." One relative told us, "There is an easy read complaints leaflet in my relations bedroom. I've never had to complain, but know I would be listened to if there was ever a problem." One staff member said, "The manager always tells people not to leave the building until they have spoken to someone if there is anything at all they are not happy about; their door is always open. We admit if we've got something wrong; then learn and move on." We saw the provider had a complaints policy in place and this was followed.

The provider encouraged people to feedback about the care and experiences of living in the home. One relative told us, "We are invited to attend meetings where we can raise anything, and we are also sent surveys to complete." We saw that the provider had acted upon feedback received, for example with some of the improvements that had been made in the home. One relative had written, 'I love the new flooring, furniture and lighting; it's so much brighter.'

## Is the service well-led?

### Our findings

People were positive about their experiences of the home. One person told us, "I'm happy here; couldn't ask for more." One relative said, "I'm very impressed; I've never looked back since my relation moved here." We were told that the registered manager was approachable and was always available if needed. People said that they knew the management team and that the home was well organised. One staff member told us, "The home is run really well, we can all talk to the manager and they listen to what we say."

The provider and registered manager promoted a positive culture within the home. One staff member told us, "There has been a change in the ethos and atmosphere here, and we have moved forward. It used to be all about the tasks that needed to be done, but now the emphasis is on the people. We look at what works well for them and then we'll do things their way, not ours." Another staff member said, "We are given the chance to sit down and reflect on things that have happened and how we can do things differently in the future. It's made a difference in how we work as we then look at the bigger picture for people, not just the specific event that has happened."

Staff enjoyed their work and were motivated in their roles. One staff member told us, "We are well supported and work together as a team. We use our supervisions to air our views and any concerns, and meet with the nurse every three months." Another staff member said, "We have staff meetings each month, and the manager will ask us what we think and asks for our ideas to improve things for people. We all just want it to be the best for the people who live here." We were told how staff had made suggestions for events to take place and raise funds for the service. Staff were aware of the whistle blowing policy in place. This is a policy that protects staff if they wanted to raise any concerns about practices within the home, anonymously if they preferred. One staff member said, "We are all told about this; I've not had to use it, but know I would be supported if I needed to." The registered manager was supported in their role by the provider and told us, "There is always someone I can approach if needed, and the provider will visit us on a regular basis to see how things are going."

The registered manager had an effective quality assurance system in place and used this to drive continuous improvements within the home. This included various checks and audits. We saw that when areas of development were highlighted, the registered manager took actions to ensure the service was effective for people. One staff member told us, "The manager loves their action plans; we all have a plan each month, they are useful and helpful." The registered manager said, "If there is something not right, then we look at ways to support the staff to put things right." The registered manager explained how the home had taken part in a recent study that aimed to improve the quality of life for people living with dementia. They told us, "The results of this will help us understand how care for people can be improved."

The registered manager was aware of their responsibilities as a registered person. They maintained records that were kept securely and had informed us about significant events that had occurred. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the home.

