

## Stennards Leisure Retirement Home

# Stennards Leisure Retirement Home (Frankly Beeches)

### Inspection report

123 Frankly Beeches Road  
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Birmingham  
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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: We carried out an unannounced comprehensive inspection of Stennards Leisure Retirement Home (Frankly Beeches) on 3 March 2019. Stennards Leisure Retirement Home (Frankly Beeches) is a 'care home' that provides care for a maximum of 18 older people. At the time of the inspection 17 people were using the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

People's experience of using this service:

- The management and staff at Stennards Leisure Retirement Home (Frankly Beeches) were highly committed to ensuring people lived fulfilling lives and were protected from social isolation. The whole focus of people's care was individualised and focused on promoting independence as well as their physical and mental well-being. They felt consulted and listened to about how their care would be delivered. People were empowered to make their own choices and decisions based on their individual ability and understanding. Staff were highly motivated with a 'can do' approach which meant they were able to achieve very positive outcomes for people.
- The management team and staff knew people well and understood their likes and preferences and health needs. Staff were caring and spent time chatting with people as they moved around the service. Relatives told us they were welcome at any time and any concerns were taken seriously and responded to. Records showed the registered manager arranged to meet with people, and their relatives, privately to discuss any worries they might have.
- People, relatives and staff gave us extremely positive feedback about the quality of people's care. Their comments were consistently positive and included, "An amazing place for [Relatives name]. They have come on leaps and bounds being here" and "There is always something going on and [relatives name] just loves getting involved. They [staff] really encourage it. Always a great atmosphere. Never a dull moment."
- People told us they felt safe. A relative told us, "It's made such a difference to us just knowing [relative] is safe and well cared for here." Staff demonstrated a good awareness of each person's safety and how to minimise risks for them. The environment was safe and people had access to appropriate mobility and moving and handling equipment needed. There was enough staff on duty at the right time to enable people to receive care in a timely way.
- People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. One said, "It's a great staff team here. That's why I came back. We are very well supported."
- People's health was well managed and staff had positive links with professionals which promoted

wellbeing for them.

- The registered manager used the same safe recruitment procedures we found at our last inspection.
- Quality monitoring systems included audits, observation of staff practice and regular checks of the environment with examples of continuous improvements made in response to findings. People, their relatives and staff told us the registered provider was approachable, organised, listened and responded to them and acted on feedback.

More information is in Detailed Findings below

Rating at last inspection: The service was rated Good (report published 21 October 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Good. At this inspection we found the service had improved to outstanding under the responsive domain. The overall rating for this service is Good.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Stennards Leisure Retirement Home (Frankly Beeches)

## **Detailed findings**

## Background to this inspection

The inspection:

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

Inspection team: The inspection was carried out by one adult social care inspector

Service and service type: Stennards Leisure Retirement Home (Frankly Beeches) is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service two days notice because the inspection was undertaken at weekend and we had to be sure a manager was available in order to access the necessary records for inspection.

What we did:

We visited the service prior to the submission date of the 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. The provider had prepared the report in time for submission to the

commission. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

During the inspection we spoke with eight people and six relatives. We looked around the premises and observed staff interacting with people. We also spoke with the registered manager, the cook and five other members of staff.

We looked at records relating to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead Stennards Leisure Retirement Home (Frankly Beeches) in ongoing improvements. We also looked at staffing levels, recruitment procedures and the environment. We checked care records of three people who lived at the home and documents related to the safety of people who lived at Stennards Leisure Retirement Home (Frankly Beeches).

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff meetings were used to remind staff of safeguarding processes.
- People told us they felt safe. One commented; "Just having piece of mind makes such a difference to me."

Assessing risk, safety monitoring and management

- Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.
- There were processes in place to undertake risk assessments and identify the potential risk of accidents and to mitigate those risks through regular review.
- There was a positive approach to risk taking to enable people to maintain their independence.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- Staff had been recruited safely. All required pre-employment checks had been carried out including disclosure and barring service [DBS] checks, and getting references from previous employers.
- Staffing levels were sufficient to ensure people's needs could be met.
- People told us they knew how to operate the call bell system and staff responded quickly when they used it. One person told us, "Never have to wait long for the girls to come."

Using medicines safely

- People were given their medicines safely. Staff recorded when medicines were administered to people on Medicines Administration Records (MARs).
- Trained care staff gave medicines after they had been assessed as competent to give medicines safely.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective.
- Staff completed daily checks and managers undertook weekly and monthly audits. Any actions needed were identified and completed to improve medicines management at the service. For example, audits had identified that the recording of creams and external preparations was not always specific, and this had now

improved.

- There were reporting systems for any incidents or errors and we saw that these were investigated, and actions put in place to try to prevent them happening again.

#### Preventing and controlling infection

- Staff followed infection control policies and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. A staff member told us they had the training and equipment they needed to keep the service clean and hygienic.
- The premises were clean and free from malodours.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The staff always reviewed risk assessments and care plans following accident or incidents to mitigate the risks of it occurring again.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support. Staff providing consistent, effective, timely care within and across organisations

- Where people required support from external healthcare services this was arranged and staff followed guidance provided by those professionals.
- People were encouraged to stay healthy. Staff supported people to continue to mobilise independently.
- The management team engaged with other organisations to help provide consistent care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff applied learning effectively in line with best practice. This led to a good service for people who lived at Stennards Retirement Home (Frankly Beeches) and a good quality of life.
- Care records were regularly reviewed and updated when changes occurred. This meant people's support was up to date to ensure they received the right care and support that was required.

Supporting people to eat and drink enough with choice in a balanced diet

- People were provided with healthy and enjoyable meals. A relative commented; "The food is of the highest standard and pureed for my partner."
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking.
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
- If people were at risk of declining health due to poor food and drink intake staff closely monitored what they ate and drank and recorded this on food and fluid records.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant skills to meet people's needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff felt well supported. They were provided with regular support from the registered provider to discuss their further development. Comments included, "The registered manager and provider4 are here most of the time and we are encouraged to share information. If there is a need to get more support they listen. Very confident with the support we get."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 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 the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- During the inspection in 2016 we identified not all staff clearly understood what restrictive practice meant. Since then the service had provided all staff with updated training so they have the knowledge and skills to understand and respond appropriately. For example, working with other professionals to ensure appropriate steps are taken to protect people's human rights.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they 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.

Adapting service, design, decoration to meet people's needs

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. Lounge areas were well used and homely.
- Peoples rooms were personalised with items of furniture or ornaments. One person told us, "I love my room. It has things here that remind me of family."
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.
- Staff knew what was important to people and what would offer people comfort and reassurance. For example, having familiar things around them. One family member told us the staff often talked to their relative about the photos in their room relating to family experiences and it made them happy.
- People's personal relationships with friends and families were valued and respected. For example, staff took time to speak with families when they visited. We observed families were made to feel welcome when they visited. They told us, "Come here most days. There is always a good atmosphere" and "Always made to feel very welcome and the staff keep me updated about everything. Very caring."
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

Supporting people to express their views and be involved in making decisions about their care

- Where possible people were involved in developing their personal care plans. Where it was not possible staff were supported by family to help with the information needed to inform decisions.
- Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed glasses or hearing aids.
- Where people needed independent support, staff signposted people and their relatives to sources of advice, including advocacy; services.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner.
- People's privacy was respected. Staff made sure doors were closed when providing personal care. Where people shared rooms, there were screens in place to ensure privacy was upheld.
- Families told us they were always offered private space to visit their relatives. We observed this to be the case throughout the day of the inspection.

## Is the service responsive?

### Our findings

Responsive – this means that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences and interests

- The service was outstanding in the way it worked with people to establish their strengths. It empowered people to make choices and supported them to gain as much independence as possible. People told us that they were occupied in ways that they had not experienced before. For example, attending and being part of a local 'Gay Pride' carnival (A public event to celebrate gay and other LGBT identities). The provider, registered manager and staff had invited people to engage in open and inclusive discussions about sexual identity. One person told us, "It has really opened my eyes. It's something my generation did not talk about or understand really. It was a truly wonderful experience. We all got a lot out of it. I want to go to more parades. We made so many friends." Staff told us they always gave people a choice and determined some people did not have the mental capacity to understand the topic or that it was right for everybody. Therefore, people's choices were always considered and respected.
- Staff had a can-do attitude and said nothing was impossible. People's cultural needs were acknowledged and responded to. For example, where a person had expressed a wish to watch television in their cultural language, they had been supported to do so by being provided with a lap top to access programmes in the persons chosen language. The person told us this had made such a difference to them. They said, "Just wonderful. Absolutely wonderful. It means a lot to me."
- There was an extremely creative approach to a range of activities. For example, networking with local events. Some people were getting ready to take part in the St Patricks day Parade. One person told us they were really looking forward to it and felt part of the planning of the event. They said, "We are always talking about it, what we are going to wear and how the day will be."
- The service recognised the importance of maintaining community links and supporting people to maintain contacts with family and friends. For example, a family member told us they liked to take their relative home for a meal on a regular basis. The person told us it had made such a difference to them and it made them feel they still had a connection to their home. Another person had family living abroad and the service supported them to maintain links by making regular 'skype' calls. Families told us the service constantly kept them updated about anything they felt was important and they should know.
- The service had created a multi faith area where people of any religious belief could practice their faith without discrimination. Staff supported people to practice their faith and arranged clergy to visit one person as they were unable to attend church services.
- Care delivery remained extremely focused on maximising the best start for people who chose to live at Stennards Leisure Retirement Home (Frankly Beeches). Pre-admission records included meetings with the person, relatives and other interested parties prior to moving to the home. There was a real determination to continue to ensure people's needs were met and personalised to the individual.
- Staff told us the approach to admission to the home helped a smooth transition into Stennards Leisure Retirement Home (Frankly Beeches) and reduced the risk of a failed a placement. A relative said, "I think

they have got it right. The admission was very organised and alleviated a lot of anxiety and concern for [Person's name] and us as a family."

- Care plans were developed which reflected people's individual needs across a range of areas. These were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate.
- Care plans included details for staff about the support each person needed. For example, how to effectively respond to a person who could become confused and disorientated at times but responded well to one to one interactions with staff.
- Some people needed support to help them to move around. The care plans detailed the equipment required and how staff should support them. Equipment to enable them to do this had been provided.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- Where people were unable to leave their room, or did not wish to participate in group activities, they had one to one visits to help maintain their wellbeing and prevent isolation.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- The registered manager proactively encouraged people to attend meetings to discuss any concerns they might have.
- People told us they would be confident to speak with the manager or other staff if they were unhappy. One told us they had requested a room change and this had been organised for them.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events considering people's wishes.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People who lived at Stennards Leisure Retirement Home (Frankly Beeches) and staff commented positively about the registered manager and provider. They told us the registered manager and provider was visible about the home and had a good understanding of people's needs and backgrounds. One staff member said, "The support is always available if you need to know anything or are not sure about things." Families told us, "(Registered manager and provider) is always approachable and does a very good job" and "Very well run. No question about that. They have supported us when we needed it."
- A quality assurance system was in place to enable the registered manager and provider to monitor and identify any shortfalls in the quality of the service people received. Audits were used to identify any improvements or areas for development.
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's Individual needs.
- The registered manager understood their role in terms regulatory requirements. For example, notifications were sent to CQC when required to report incidents that required had occurred and required attention.
- The management team worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular engagement meetings took place with all stakeholders of the service. This gave people an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.
- Staff, people and their relatives completed surveys to gain their views of the service and the feedback had been used to continuously improve the service.

Continuous learning and improving care

- The provider and registered manager kept up to date with developments in practice through the use of national social care publications and websites. For example, LGBT Dementia, designed to support people,

families and staff from stigma.

- Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.

Working in partnership with others

- The provider and registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.