Stonehaven (Healthcare) Ltd

St Petroc's Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 11 and 14 July 2016 and was unannounced.

St Petroc's Care Home is a residential care home which provides care and support to older people, some of whom have dementia. Accommodation is set over two floors, with spacious shared lounges and a dining room. There are also well maintained gardens which people can easily use. The home can accommodate up to a maximum of 30 people. At the time of our visit there were 26 people living at the service.

The service had 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.

We observed positive and caring interactions between people and staff. Staff took the time to stop and chat with people and to share appropriate humour. Staff knew the people they cared for well and spoke about them with fondness and affection.

People's rights were not always protected under the Mental Capacity Act 2005 (MCA). Although staff had undergone training and some were knowledgeable about the principles of the Act and how it applied to their role, some records were inaccurate. For example, some people's records showed they had the capacity to make decisions for themselves, but then went on to describe best interest decisions staff were making on their behalf. Some people's relatives had been asked to sign to agree to elements of a person's care plan without the correct legal authority to do so.

People's care records did not always reflect changes in their health needs. Some records were kept but these often lacked detail and were not always used to update people's care plans or risk assessments so staff knew how best to support them.

People enjoyed the meals. They told us they were of sufficient quality and quantity and there were alternatives on offer for people to choose from. People were involved in planning the menus and their feedback on the food was sought.

People had their healthcare needs met. For example, people told us they had their medicines as prescribed and on time. People were supported to see a range of healthcare professionals including district nurses, chiropodists, doctors and social workers.

People were kept cognitively and socially engaged through a range of activities, both inside the service and in the local community. The service employed an activities coordinator and there was an activity on offer each day. People were involved in suggesting activities.

People were kept safe by suitable staffing levels. People told us there were enough staff on duty and that their needs were met in a timely manner. Interactions between people and staff were unhurried. Staff recruitment practices were safe. Checks were carried out prior to staff commencing their employment to ensure they had the correct characteristics to work with vulnerable people.

Staff had sufficient training to carry out their roles effectively. Staff had received training relevant to their role and there was a system in place to remind them when it was due to be renewed or refreshed. Staff were supported by an induction and there was an ongoing programme of staff supervision and appraisals.

There was a safeguarding adults policy in place at the service and staff had undergone training on this subject. Staff confidently described how they would recognise and report any signs of abuse. There were also policies in place around the duty of candour and whistleblowing. This encouraged an ethos of openness and honesty.

People, staff and relatives were encouraged to give feedback through a variety of forums including team meetings, residents' meetings and questionnaires. This feedback was used to drive improvements within the service. There was a system in place for receiving and managing complaints. People and relatives said they felt confident that if they raised concerns these would be dealt with appropriately. There was an effective quality assurance system in place which included a range of audits including medicines, care records and staff and resident satisfaction.

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 was safe.

People were supported by sufficient numbers of skilled and experienced staff to meet their needs.

People were protected by staff who understood and followed effective infection control practices and the service was visibly clean throughout.

People were protected by staff who knew how to identify signs of abuse and how to report any concerns.

People had their medicines managed safely.

Is the service effective?

Requires Improvement

Some elements of the service were not always effective.

People were supported by staff who had attended training on the Mental Capacity Act 2005; however some records did not follow the principles of the Act.

People's changes in health needs were not always updated in their care plans and risk assessments.

People were supported by staff who had received training and had the right competencies, knowledge and skills to meet their individual needs.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good

The service was caring.

People were supported by staff who respected their dignity and maintained their privacy.

People were proactively encouraged to express their views, and were supported by staff who understood their history, strengths and goals.

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

Is the service responsive?

Good

The service was responsive.

People's care records were personalised and focused on a person's whole life.

People were encouraged to remain physically and mentally active. Staff understood the importance of companionship and social contact.

There was a system in place to receive and investigate complaints and people and residents were aware of it.

Is the service well-led?

Good

The service was well-led.

There was a culture of openness and honesty. Management were approachable and defined by a clear structure.

People were supported by staff who were motivated to develop and provide quality care.

People were placed at the heart of the service. There was an effective quality assurance system to drive continuous improvement within the service.

St Petroc's 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 inspection took place on 11 and 14 July 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection and our previous inspection reports. A notification is information about important events, which the service is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people who used the service and three relatives. We also spoke with six members of staff, the deputy manager and the registered manager. After the inspection we contacted three health care professionals who were familiar with the service and asked for their feedback.

We looked around the building and observed people having lunch and medicine administration. We looked at five records which related to people's individual care needs. We reviewed three staff recruitment files, training records and records associated with the management of the service. This included policies and procedures, complaints and quality monitoring.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I feel safe, they look after me very well"; "I feel safe enough. I would let them know if I didn't" and "I am safe and comfortable. If I need them at night they always come". One relative said; "We know she's safe. They treat her well".

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what to do if they witnessed or suspected any incident of abuse or discriminatory practice. All staff had received safeguarding adults training. Staff confirmed they were able to recognise signs of potential abuse, and felt reported signs of suspected abuse would be taken seriously. Staff comments included; "I'd report any safeguarding issues right away. I'd go to the manager or higher up the chain of command"; "I'd report abuse to a senior or go above them. We have a whistleblowing policy and I would speak to the Council" and "I'd go to a manager or the director or social services".

People were kept safe by sufficient numbers of staff. The registered manager confirmed the service was fully staffed and there were enough staff to cover any unforeseen events such as sickness without the need for bank or agency cover. We observed staff interacting with people in an unhurried way and having time to respond to people's needs in a timely manner. One person said; "There are enough staff. If I ever ring the bell it is attended to promptly". Staff took time to stop and speak with people when they passed them in the lounge or as they walked past in the corridors. Staff told us; "There are enough staff to keep people safe"; "Staffing levels are good at the moment" and "There are enough staff on duty".

People were protected by safe staff recruitment practices. Records evidenced that all employees underwent the necessary checks prior to commencing their employment to confirm they had the correct characteristics and were suitable to work with vulnerable people.

People had PEEPS (personal evacuation plans) in place to provide guidance on what support they would need should an evacuation be required. The service also had contingency plans in place to deal with emergency situations such as fire, flood or bad weather. A place of safety had been identified locally where people could be relocated in the event of an unexpected event. Staff had been trained to understand what their role was in the event of a fire and fire risk assessments were in place and up to date.

People were encouraged to take every day risks and staff understood the importance of balancing people's safety with their right to remain independent. Some people chose to go into town without staff support and this was noted in their care plans alongside any relevant information or risk assessments to keep them safe. One person said; "If you are the sort of person who likes to come and go as they please, that is respected".

People were kept safe by a clean and hygienic environment. The home was visibly clean, with hand sanitising gel and gloves throughout the building which were used by staff. The service employed a cleaner in addition to care staff and cleaning rotas were in place. There was a book in which care staff could write requests to the cleaner if they saw something which needed extra attention. For example, one note

highlighted that something had been spilled on one of the carpets and asked for the carpet in that area to be specially cleaned. There were contracts in place for the disposal of domestic and clinical waste.

People's medicines were stored, administered and disposed of safely and staff had undergone training to administer medicines. People had their medicines as prescribed and on time. Medicine administration records (MAR) had been signed and updated to ensure medicines were correctly administered. Where refrigeration was required, this fell within the correct temperature guidelines. People had detailed information in their care plans about their medicines and why they were taking them. There had been a recent pharmacy audit and any issues identified had been addressed by the service.

Staff had recorded when an incident, such as an episode of behaviour that challenged had occurred. However, these records did not in all cases provide sufficient detail about the incident. For example, staff had recorded in one incident a person had been agitated, restless and anxious, but they did not describe what actions they had taken to de-escalate the situation or if there had been any triggers to the behaviour. The absence of this information meant that the opportunity to look for patterns and themes in people's mood or behaviours and to developing strategies to help people remain safe and calm was missed. This was brought to the attention of the registered manager who assured us this would be addressed going forward.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

People's rights were not always protected under the Mental Capacity Act 2005 (MCA). Although staff had undergone training and some were knowledgeable about the principles of the Act and how it applied to their role, some records were inaccurate. For example, there were records which indicated people had mental capacity to make decisions for themselves, but also described best interests decisions staff were making on their behalf. This was highlighted to the registered manager who immediately addressed the issue by re-writing the assessments.

There were also examples of where people's relatives had been asked to sign to agree to elements of a person's care plan without the correct legal authority to do so such as a lasting power of attorney (LPA). If there is not an LPA in place, a best interests decision must be made to provide the correct authority to make decisions on a person's behalf. In the records we reviewed, there was no LPA. This was discussed with the registered manager who understood and told us the records would be amended.

Where people's liberty was restricted in their best interests, the correct legal procedures had been followed. The registered manager had submitted DoLS applications to the supervisory body to request authorisations and these were routinely followed up by the registered manager. If there were changes to a person's care plan which meant there were additional restrictions, the registered manager informed the supervisory body immediately. However, policies around the deprivation of liberty safeguards were not reflective of recent changes to case law. This was highlighted to the registered manager. The provider began the process of reviewing and updating this policy accordingly.

People's care records were not always reflective of changes in their health needs. We saw an example of where a person had been having increased falls. Although staff had recorded this, the information was not linked to the person's care plan or risk assessment which meant staff may not have had the correct level of guidance on how to mitigate the risk. This was highlighted to the registered manager who immediately updated the care plan. The service had recently developed a new style of care recording which was more comprehensive and detailed. All of the old care records were being re-written in this new style at the time of the inspection.

People were supported by staff who had undergone training to carry out their roles effectively. Comments from staff included; "The training here is very good. It's a mix of face-to-face and distance learning"; "We are always offered new training, aside from mandatory subjects. We had a recent email asking if we would like to learn more about diabetes" and "If you want specific training you can ask. I just did autism and Asperger's training". Another staff member who was completing an NVQ level three said "I have been encouraged to progress within my role". The registered manager had a system in place to ensure staff were trained in all areas identified by the provider as being mandatory and to remind them when training was due to be renewed or refreshed.

New staff underwent a thorough induction process which incorporated the Care Certificate. The Care Certificate has been introduced to train all staff new to care to a nationally agreed level. New staff shadowed more experienced staff and did not lone work until they had completed their induction. One staff member told us; "I've just had my induction and it was fine. I looked at all the policies and there was lots of information to read and sign". Staff were supported by ongoing supervision and an annual appraisal. One staff member said; "We have regular supervision and appraisals. You can raise ideas and they are listened to".

People had enough to eat and drink. Hot and cold drinks were available for people throughout the day. People were involved in planning the menus through making suggestions at the residents' meetings. One staff member said; "The food is varied. We have roasts, curries and yesterday we tried a new pasta dish". Another staff member told us; "We try new things. In the summer we offer fresh fruit smoothies as an alternative to teas and coffees".

People were able to choose when and where they ate. Some people chose to eat in the newly decorated dining room and others chose to eat in their bedroom. The food looked plentiful and people were offered extra if they wished. Staff were present throughout the meal and people were discreetly assisted to eat their food if required. Some people had special cutlery designed to assist them in eating their meal. Requests were respected and responded to promptly. For example, one person requested French mustard and this was provided. People enjoyed the meals. Comments included; "The food is good. Much better than I could cook"; "The food is lovely" and "The food is good. If you want something they try their best to get it". Information about people's dietary needs, any allergies or special requirements was detailed in their care plan and also kept in the kitchen for the cook to review when planning and preparing meals.

People had access to a range of health care professionals including GPs, district nurses and dentists, as required. A chiropodist was visiting the service during the inspection. Staff also supported people to attend appointments where necessary. One person was attending an audiology appointment and transport had been arranged to take them there. A healthcare professional told us that staff worked alongside them if they proposed a treatment plan for a person and would keep them informed of any changes.

People's bedrooms were personalised and they were able to choose how they were decorated. One person said; "The facilities are very good and you can get a quiet night's sleep here". One person liked collecting model trains and a staff member told us they were looking into purchasing a display cabinet for them. Some of the decoration in shared spaces was in need of updating, for example, some wallpaper was ripped, however there was an ongoing programme of refurbishment at the service and therefore this would be improved in the future. At the time of the inspection, some new furniture was arriving for the lounge. There was a lift and stair lift which were used to enable people to access different parts of the building. Corridors were wide enough for wheelchairs and other equipment and fitted with handrails. There was signage around the home to help people find their way around.

Good

Is the service caring?

Our findings

People told us the staff were caring. Comments included; "The staff are kind and obliging"; "Staff are so cheerful. They check you have everything you need"; "Nothing is too much trouble"; "Staff are lovely" and "I couldn't ask for more".

People were treated with respect and staff were compassionate and caring. Staff were friendly, patient and discreet when providing support to people. We saw positive interactions where staff supported and enhanced people's well-being. For example, one staff member was assisting someone with a visual impairment back to the lounge after their lunch. The staff member took the time to chat to the person and at their request, took their shoes off for them and made them comfortable in their chair with their belongings close at hand. Another staff member kindly and gently asked a person if they would like a shower and offered to help them get their toiletries together. The staff member told the person a shower might help them feel more relaxed, fresh and comfortable. The person responded well to their approach and accepted the offer.

People were supported to maintain relationships with people who mattered to them and there were no restrictions on visiting times. We saw people spending time with their relatives throughout the inspection. One person said; "I have a lot of visitors and they are made to feel welcome here". One staff member told us the quiet lounge upstairs was sometimes used by families if they wanted peace and quiet and a comfortable space to relax. Relatives told us the staff were kind and thoughtful. Comments included; "The staff are lovely. Good as gold" and "She's happy so we are happy. We have no qualms". Another relative told us "We come in every week and bring [...] treats. The staff are great, we have a laugh".

People were supported to express their views through a variety of forums including residents' meetings. People were also actively involved in decisions about their care and involved in developing and reviewing their care plans. Where possible, people had signed their care plans to indicate their agreement to it.

People's dignity and confidentiality were respected. Care records were securely stored. Staff knocked on people's doors and waited to be invited to enter. We observed a staff member giving someone privacy whilst they used the bathroom; telling them to let them know when they wanted help. Staff knew the importance of upholding people's dignity when providing personal care. One staff member said; "It's important to never make people feel exposed". People were offered the choice of whether they wanted a male or female to assist them with their personal care".

Staff knew the people they cared for well, including their background, history and likes and dislikes. A staff member told us one person often liked to have a bowl of cereal at 3am, and that it was always provided for them. Staff spoke warmly about the people they cared for. Comments included; "It's like having an extended family here"; "You become attached to people and form bonds"; "I like what I do here. It's like my second family" and "I lost my grandparents but it's like having them back".

People were made to feel special, valued and important. Birthdays were celebrated with cakes, presents

and balloons. One staff member said; "It's the little extras that make people feel special. If they like a particular nail polish and it runs out, we make sure we replace it. If they are going out somewhere special we pay extra attention to making sure they look their best and feel good".

Good

Is the service responsive?

Our findings

There were detailed, comprehensive handovers between shifts where staff discussed important updates to people's physical, emotional and social needs. One person had declined their meal over two consecutive days and staff were discussing possible explanations, such as illness, low mood or just not enjoying what was on offer. People's elimination needs were discussed and where one person had been experiencing constipation staff agreed to prompt them to accept more fluids and to encourage them to remain physically active. One staff member had noticed a bruise on a person whilst helping them with their care. The staff member had completed a body map and informed the rest of the team about the injury during the handover. This meant that the person was kept safe and monitored by the team as a whole.

Staff responded quickly to any changes in people's needs or presentation. One person had been experiencing unsettled behaviour and a referral had been made to the community mental health team for a review. Another person had recently started taking some new medicine but did not like the taste of the liquid. Staff quickly raised this with the person's doctor and it was changed to a tablet form.

People's care records were detailed documents which contained comprehensive information about their background, risks, needs and routines. Staff told us they contained the correct level of guidance for them to carry out their role effectively. There was information about how people liked to be supported at night. For example, how they liked their room to be lit, how many pillows they liked, and whether they preferred the room to be warm or cool. Care plans addressed people's needs holistically and included information about their spiritual needs. People's care plans also indicated small personal details, such as their favourite clothing shop, what colours and fabrics they preferred and what was their favourite song, hymn or prayer.

People received consistent personalised care, treatment and support. Prior to coming to live at the service, information was gathered from the person, their family and professionals. This was important for staff in understanding not only the person's support needs but also their history, strengths and aspirations for the future. People and their relatives were invited to come and look around the service to ensure it was the right place for them.

People had access to a range of activities in order to keep them physically, socially and mentally active. The service employed an activities coordinator and people were involved in arranging the programme of activities through discussions at the resident's meetings. There was a diverse range of options available such as bingo, cake decorating, manicures and arts and crafts. One staff member told us they had made fresh fruit kebabs with people and had world food tasting days, where they would bring food such as French cheeses for people to try. A summer fete had been arranged with a raffle, cream teas and name the bear. People were especially looking forward to this event. There were also regular trips out. One person told us they had just enjoyed a trip to Padstow and another person said they had been for a ride on the steam train. There were also planned takeaway meals such as fish and chips which people enjoyed and looked forward to.

The service produced a quarterly newsletter called "The Sparkle" which was displayed on notice boards

around the service, to advise people and visitors of important events that had recently occurred. For example, the most recent edition was informing people of a scheduled visit to the service by a petting pony.

There was a system in place for receiving, investigating and managing complaints, supported by a policy. People and relatives said they felt confident to raise a complaint and felt it would be dealt with to their satisfaction. If concerns had been raised, they were dealt with in a timely manner, an apology had been made and plans had been put in place to make improvements going forward. One staff member said; "Any complaints are very quickly dealt with. The manager cares very much about this home".

A new call bell system had recently been fitted which enabled staff to respond to people more efficiently. The system allowed staff to see where staff were and therefore made it easier to deploy staff in a more organised way. We observed call bells being answered promptly and staff confirmed that the new system had helped them make improvements in this area.

Good

Is the service well-led?

Our findings

People felt the service was well-led. Comments included; "I have met the manager and she is very friendly"; "[…] is the manager. She is nice, if you want anything she will do it for you" and "It is a well-run establishment, I can't fault it at all".

Staff confirmed the registered manager was approachable. Comments included; "[…] is approachable. If I had any problems I would speak to her"; "I go to the manager if I have a problem and it is addressed" and "The office door is always open if you need any help".

Staff were able to raise any concerns or suggestions through a variety of forums including staff meetings, supervision and questionnaires. Staff told us they felt listened to and that if they made a suggestion and it was feasible, the registered manager would do their best to implement it. One staff member said; "We are all encouraged to have our say".

There were regular residents meetings where people were able to put forward suggestions on service development and how they wished to be supported. People felt their suggestions were listened to and acted upon wherever possible by management. One person said; "Nothing is too much trouble".

Staff were happy in their work, understood what was expected of them and were motivated to provide a high standard of care. Comments included; "The best thing is the care we provide. It's a really nice home"; "I really enjoy coming to work" and "You are friends here as well as work colleagues". The provider operated a "mystery shopper scheme" where people would come to review the service as prospective relatives wishing to find a place for a family member. The registered manager explained this was an extra incentive to staff to provide a high quality service as they were offered a bonus if they received good feedback.

The registered manager operated an effective quality assurance system. Questionnaires were sent to people and relatives annually in order to gain their feedback on the service and to make changes if required. There were a range of audits in place to raise standards and drive continuous improvement. There were regular checks to ensure the building and equipment were safely maintained. The utilities were also checked to help ensure they were safe.

The registered manager knew how and when to notify the Care Quality Commission (CQC) of any significant events which occurred, in line with their legal obligations. They also kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and honesty. The registered manager had a policy in place on the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager also had a policy in place on whistleblowing, which staff were knowledgeable about. The policy supported staff to question practice. Staff confirmed they felt confident to raise any concerns with the registered manager or to go further up the management hierarchy and that they would be dealt with appropriately.

There were a range of up to date policies which were accessible to staff and provided guidance and important information. New staff read and signed these during their induction. The policies were reviewed and updated annually by the registered provider.