

Cumbria County Council

Christian Head

Inspection report

Silver Street
Kirby Stephen
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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 unannounced comprehensive inspection took place on 15 March 2017. We last carried out an inspection of this service in March 2015 and rated the service as requiring improvement. During this inspection we found the service met legal requirements.

Christian Head is a residential care home that provides personal care and accommodation for up to 31 people. At the time of our inspection there were 19 people living at the home. Accommodation is provided over two floors, one of which specialises in providing care for people living with dementia. Christian Head is located close to local shops and services in Kirkby Stephen including doctors' surgeries, banks and churches.

The service had a registered manager. 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.

Care plans were subject to regular review to ensure they met people's changing needs. They were easy to read, based on assessments and reflected the needs of people. Risk assessments were carried out and plans were in place to reduce risks to people's safety and welfare.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse and knew what to do if staff had concerns about the practice of a colleague.

There was sufficient staff to meet people's needs. They were trained to an appropriate standard and received regular supervision and appraisal. As part of the recruitment process the service carried out background checks on new staff.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

Staff had developed good relationships with people and communicated in a warm and friendly manner. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area.□

There was a complaints procedure which informed people how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns

they had. The registered manager understood the importance of acknowledging and improving areas of poor practice identified in complaints.

The home was well led by a registered manager who had a vision for the future of the service. A quality assurance system was in place that was utilised to improve the service.

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 safe.

Medicines were managed appropriately.

Appropriate checks were carried out during the recruitment of staff and there were sufficient staff to meet people's needs.

Staff knew how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to provide the care people required.

The service worked in conjunction with other health and social care providers to try to ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People told us they felt they were well cared for.

Staff treated people in a dignified manner.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good ●

The service was responsive.

People made choices about their lives and were included in decisions about their care. They were included in planning the care they received.

Support plans were written in a clear and concise way so that they could be easily understood.

There was a range of activities available for people to engage in if they chose.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Is the service well-led?

Good ●

The service was well-led.

The service had a quality assurance system in place.

The registered manager had a vision for the future of the service that was based on providing good quality care.

People were asked for their views about the service.

Christian Head

Detailed findings

Background to this inspection

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

This inspection took place on the 15 March 2017 and was unannounced.

The inspection was carried out by one adult social care inspector and one adult social care inspection manager.

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. We also reviewed the information we held about the service, such as notifications we had received from the provider. Notifications are information about important events which the service is required to send us by law. In addition we spoke with representatives from adult social care and the clinical commissioning group (CCG). We planned the inspection using this information.

During the inspection we spoke with three of the people who used the service and one relative. We also spoke with a six members of staff including the registered manager and care staff.

We read four people's care records and policies and records that related to the service. We looked at three staff files which included supervision, appraisal and induction and examined quality monitoring documents.

Is the service safe?

Our findings

When we last inspected the home we found people were placed at risk because there were not always enough staff on the upstairs units to make sure they were supervised and supported.

We asked people if there were sufficient staff on duty to meet their needs, they told us they were satisfied with staffing levels.

During this inspection we observed that there were sufficient staff on duty both up and downstairs. We noted that when people pressed their 'buzzers' staff attended to them promptly. In one case staff responded to someone in less than 60 seconds even though the person was in their bedroom.

We looked at the duty rota and saw that the registered manager was consistently maintaining these safe staffing levels. The registered manager told us that this had been challenging at times due to the difficulties of recruiting people in the local area. They explained that, based on the home being full, they had 67 hours to cover each week due to vacancies. However the relatively low population within the home meant there were still enough staff to maintain safe staffing levels.

We spoke with people who used the service, they told us they felt safe at Christian Head. One person commented, "I like living here, it's safer than living by myself."

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example some people needed additional support with mobilising. Where this was the case care plans and risk assessments outlined how to keep these people as safe as possible, such as making sure they had access to specialist equipment including walking aids.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw both the staff and the registered manager had taken appropriate action.

We look at the recruitment records for staff. All staff had obtained a Disclosure and Barring Service check which demonstrated they were not barred from working with vulnerable people. The provider had obtained evidence of their good character and conduct in previous employment by seeking references from previous

employers.

During this inspection we saw medicines were stored appropriately and administered by staff who had received training to do so. We carried out checks on medicine administration records (MARs). We noted that the MARs had been filled in correctly. Medicines were not left unattended during the medicines round we observed. There were plans in place that outlined when to administer extra, or 'as required' medication. There were procedures in place for the ordering and safe disposal of medicines.

There were contingency plans in place to deal with emergency situations such as fire or power cuts. People had personal evacuation plans which outlined how they would be kept safe in a fire. The registered manager or members of the provider's senior management team were available to talk to out of hours via telephone and would attend the home if necessary.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures. We noted that the service was clean and odour free.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives. We asked them if they felt staff were able to provide appropriate support. One person told us, "Yes they know what they are doing, of course they do!"

All of the staff we spoke with told us that they had received appropriate induction training before working in the home. They said they had worked with other staff to gain knowledge about how to support people before they were able to work on their own. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care. For example, training in the care of people with diabetes had been provided.

The registered manager had appropriate systems in place to record the training that care staff had completed and to identify when training needed to be repeated. In addition to the training that the provider deemed mandatory, additional training was available, for example vocational qualifications. Records we looked at confirmed that staff training was up to date. For example all of the staff had completed their safeguarding training.

The registered manager was ensuring that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly. Staff told us, "Our [registered] manager is very supportive."

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. We found that DoLS applications had been made to the local authority and were being correctly implemented and monitored.

The service acted in accordance with the MCA. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests. The service was aware that some family members had lasting powers of attorney and ensured that these were acted upon in relation to making decisions about people's care or to update family members about a person's welfare.

Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

People we spoke with told us that they were always asked for their consent before staff supported them to do something. Staff told us that they would not provide any support without first asking for permission. Care plans in the home contained references to consent throughout.

People we spoke with about the nutrition and hydration support in the home told us that they enjoyed the food provided. One person said, "I always enjoy my food." A relative told us, "Mum has put on weight here, which is good." One person told us that they wished there was more 'variety', however they had discussed this with the registered manager themselves.

Each person in the home had a nutritional needs assessment. In addition to the service's assessment, professional advice from dietitians and speech and language therapists had also been obtained. The staff in the kitchen were aware that some people required specialist diets and others required fortified food. People's weights were monitored on a regular basis and food and fluid intake was accurately documented. This helped staff to ensure that they were not at risk of malnutrition.

Care records included guidance for staff about in what circumstances they should contact relevant health care services if an individual was unwell. We found evidence to show people who used the service could be confident they would be supported to access appropriate health care services, for example a visit from their GP.

Is the service caring?

Our findings

We spoke with people who used the service and they told us that staff were caring and treated them well. One person commented, "It's absolutely beautiful for me they are very nice people here." A relative told us, "My Mum is really happy here, the carers are smashing."

Throughout our inspection we observed staff speaking with people in a kind and caring manner. Staff had developed good relationships with people and knew how to support them in a warm and professional manner.

We looked at people's records of care and saw that care plans were devised with the person who used the service or their relatives. This meant where possible, people were actively involved in making decisions about their care treatment and support.

People we spoke with told us that staff always spoke with them in a respectful manner. One person said, "The staff are dedicated, they are excellent." We noted that the service had policies in place that referred to upholding people's privacy and dignity and promoting equality and diversity. This helped to ensure people were not discriminated against. We observed staff ensuring that people had a dignified and enjoyable meal experience.

The registered manager had details of advocacy services that people could access if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager knew how to ensure that individuals wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives.

When we spoke with staff they appeared to know people well. They were able to tell us about people's preferences and what kind of support they required. People's life histories were being recorded in their care records. This provided staff with information to help build good relationships with the people they supported.

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us staff had undertaken specific training for this. Staff were able to talk with us about how this would be delivered and the things that were important during this time in somebody's life. This included offering support to people's families as well as to the person themselves. The service worked alongside other providers to ensure that this care was carried out correctly.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

Care plans clearly identified the level of support that people required and gave staff clear instructions about

how to promote independence. For example some people's care plans identified they required support when mobilising. The care plans clearly stated what people were able to manage independently and what support staff would be required to provide.

Is the service responsive?

Our findings

When we last inspected the home we found some information in the care plans was contradictory and changes in care had not always been recorded for staff to follow.

During this inspection we found that care plans had improved sufficiently. People's needs were assessed when they were first referred to the service. This included assessing their mobility, mental capacity and their physical well-being. The information was then used to formulate a care plan which was developed and reviewed on a regular basis including when people's needs changed. Care records outlined the support that people required in all aspects of their life.

Care plans were clear, concise and easy to understand. Reviews of care plans were carried out with the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how this should be delivered.

We saw evidence that confirmed, wherever possible, people had been consulted about their care plans. People had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered. For example, some people chose to spend time in their rooms rather than in communal areas such as sitting rooms. We noted that this was documented in care plans and people we spoke with confirmed that staff respected their choice.

We spoke to people about activities during the day. People told us that they enjoyed their daily routine. A relative told us, "I see them doing activities a lot of the time, handy crafts and things." We observed staff spending time with groups and individuals chatting and organising things to do such as listening to music. Records in the home indicated that musicians and other entertainers often visited. The staff put up notices showing what events and activities were available or upcoming.

People were aware of how to contact the provider if they had a comment, compliment or complaint about the support they received. People we spoke with indicated that they would tell staff or a relative if they had any concerns.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. There were no recent complaints. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers to ensure that there were clear lines of communication and responsibility in place. For example information about people's care was readily available if they needed to

go to hospital.

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the service. One person told us, "I know the [registered] manager." Staff told us that the registered manager was supportive of them.

During our last inspection we found the informal systems to assess the quality of the service provided in the home were not always being applied effectively. As a result quality auditing was not verifiable and we found there were inconsistencies in some records that had not been picked up using this approach.

During this inspection we found the necessary improvements to the quality monitoring system had been made. People were asked for their views about the support they received. The registered provider had sent out quality monitoring questionnaires so people and their relatives could share their experiences with them. The provider used the returned questionnaires to monitor the performance of the service from a 'customer' perspective. The registered manager told us that there had been changes to the home's menu following feedback from people and their relatives.

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. She was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were shared with the provider who visited the home regularly to monitor quality. The operational manager was present during our inspection and discussed ways the garden could be better utilised with the registered manager.

During the inspection the registered manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards.

We spoke with the registered manager and asked her about her vision for Christian Head. She told us, "Our Vision is to provide a residential home for older adults in Kirkby Stephen that is homely, attractive and caring and ensures that the support provided to people is person centred, safe, effective, responsive and

well-led."