

St Cuthbert's House Limited

St Cuthberts House

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

About the service.

St Cuthberts House is a residential care home providing personal care to 24 people with enduring mental health needs at the time of the inspection. The service can accommodate 28 people in one adapted building.

People's experience of using this service and what we found.

At our last inspection we found the registered manager was not submitting the required statutory notifications regarding significant events at the home. Since the last inspection this had improved and was no longer the case.

The home was a safe place to live. People and staff confirmed this. Staff knew about the procedures for identifying and reporting concerns, such as safeguarding and whistle blowing. Safeguarding concerns were reported correctly and investigated.

There were enough staff to meet people's needs; new staff were recruited safely. People received the medicines they needed. Risk assessments and health and safety checks were carried out to help maintain a safe environment. Incidents and accidents were monitored to check robust action had been taken.

Staff were well supported and received appropriate training. People had enough to eat and drink and had access to external health care services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they received good care from a team of kind and caring staff. Care records included information about people's preferences.

People's needs had been fully assessed; this was used as the basis for developing personalised care plans. Care plans were reviewed each month to reflect people's current needs. People were supported to participate in activities based around their interests. Complaints were fully investigated and resolved.

People and staff said the home was well managed. There was a structured approach to quality assurance; this had been effective in addressing issues. There were regular opportunities for people and staff to provide feedback about the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was Requires Improvement (published 18 May 2018) and there was a breach of the registration regulations. At this inspection we found improvements had been made and the provider

was no longer in breach of regulations.

Why we inspected.

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

St Cuthberts House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team.

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type.

St Cuthberts House is a 'care home'. 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.

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.

This inspection was unannounced.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection.

We spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, a senior care worker, care workers and the cook.

We reviewed a range of records. This included three people's care records and medicines records for all people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- There were effective systems to keep people safe; people confirmed they felt safe.
- The provider thoroughly investigated safeguarding concerns; action was taken to keep people safe.
- Staff were knowledgeable about safeguarding and the whistle blowing procedure; they knew how to raise concerns if required. One staff member said, "I would use it [whistle blowing procedure], these men [people living at the home] are here for us to protect them."

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Health and safety checks and risk assessments were done regularly; these helped keep people, the environment and equipment safe.
- Staff supported people positively when they were anxious or distressed.
- The provider had procedures for dealing with emergency situations; personal emergency evacuation plans described the support each person needed in an emergency.
- The home was clean; staff followed the provider's infection control practices.

Staffing and recruitment.

- There were enough staff to meet people's needs; they responded in a timely way to people's requests for help. People told us staff met their needs appropriately.
- The provider continued to follow safe recruitment practices; pre-employment checks were completed to ensure new staff were suitable.

Using medicines safely.

- Medicines were managed safely.
- People received the right medicines at the right times; medicines were stored safely.
- The registered manager checked care staff followed the correct medicines management procedures.

Learning lessons when things go wrong.

- Action was taken following accidents or incidents to keep people safe.
- The registered manager monitored all accidents and incidents; this ensured lessons were learnt.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been fully assessed to identify the support they needed; this considered people's views about their admission to the home, as well their preferences and any religious or cultural needs.

Staff support: induction, training, skills and experience.

- Staff were well supported and accessed the training they needed. One staff member told us, "I get very good support."
- Training, supervision and appraisals were up to date.

Supporting people to eat and drink enough to maintain a balanced diet.

- People had enough to eat and drink; they had daily choices of meals.
- People were satisfied with the meals they received. One person commented, "The food is good."
- People were independent with eating and drinking.
- Some people had health conditions which required them to have their meals adapted; the chef was skilled in preparing these meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Each person had an emergency health care plan; this was a summary of important information to be shared when they accessed other services.
- People had regular input from a range of health care professionals; this included GPs, community nurses and specialist nurses. One person commented they got "good support" from staff if they were unwell.
- People knew about the weekly GP round in the home and confirmed they were able to make appointments to see the GP.

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

- The home was suitable to meet people's needs. Communal areas had facilities such as a pool table, a jukebox and video games; people actively used these to interact with each other and staff.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- DoLS authorisations had been applied for or approved for all people requiring one; the registered manager monitored DoLS authorisations to check they remained valid.
- MCA assessments and best interests decisions had been completed where needed. For example, where people were unable to give consent for their admission to the home or for their care.
- Staff had completed training on the MCA, they supported people to make choices and decisions, depending on their individual needs. One staff member commented, "They [people] are all able to make daily living choices."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People received good care from kind and caring staff. People commented, "It's lovely pet, everything [is good]", "It's alright living here" and "I've got no complaint about the staff here".
- Staff responded well to ensure people were comfortable. For example, the weather was warm when we visited; a staff member offered people ice pops to help them stay cool. They also supported another person, who was sitting outside, to apply sunscreen.
- There had been a very stable staff team working at the home; this meant staff knew people's needs particularly well. Staff often sat and chatted with people about their family and other topics of interest to the person.

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

- Staff had a good understanding of people's communication needs; this had developed over time and was used to support people to make choices.
- Positive relationships had developed between people and staff; interactions between people and staff were warm and pleasant, with some joking and affectionate verbal interactions.
- Staff spent some social time with people, such as playing pool, cards and dominoes.
- Some people received support from advocates; records were maintained of their involvement in certain decisions.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect; this was reflected in people's feedback.
- Staff had a good understanding of the importance of dignity and respect. They described how they adapted their practice to ensure dignity was maintained. For example, always explaining what they were doing, seeking people's consent and closing doors.
- Staff were also valued and respected; their views were listened to and considered. One staff member said, "I would struggle to ever leave here, we are all a big happy family."
- People were supported to remain as independent as possible. Staff regularly prompted people to promote their wellbeing. Staff supported some people to access their local community; whilst others were able to go out independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support.

- People had personalised care plans; they clearly described the care people required to meet their needs.
- Care plans were reviewed regularly; this ensured they matched people's current circumstances.
- People had the opportunity to discuss any wishes they had for their future care needs.

Meeting people's communication needs.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People using the service were able communicate their needs to staff. Information could be made available in different formats if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There were regular opportunities for people to participate in activities; these were flexible and depended on what people wanted to do that day. One person had their own personal interests which they were supported to follow. They said they "didn't get bored at all."
- People were relaxed around each other and got on well, particularly when engaged in an activity.
- People were supported to access the local community; this included to go to the pub or shopping.
- People told us they chose whether to participate in activities; staff respected their decisions. One person told us staff regularly asked if they wanted to play dominoes. They commented they didn't like dominoes but were still asked when other people were playing.

Improving care quality in response to complaints or concerns.

- There was a structured approach to dealing with complaints; one complaint had been fully investigated and resolved.
- People knew who to speak with if they had concerns, nobody raised any complaint with us. They told us if there was a problem the staff would respond straightaway and sort it out. One person said, "There is nothing to complain about."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

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

- When we last inspected we found the registered manager was not submitting the required notifications of significant events that occurred in the home. We dealt with this outside of the inspection process. Since our last inspection the registered manager had been proactive and was now meeting this requirement.
- The registered manager was supportive and approachable. Staff said, "[Registered manager] has done loads for me, he is very supportive of me" and "[Registered manager] is lovely, he is really nice, down to earth."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had a positive atmosphere; staff morale and teamwork were good. One staff member commented, "We work as a team".
- The registered manager prioritised the needs of the people using the service. People regularly approached the registered manager for help and advice. Staff commented, "The men always come first, this is the best home I have worked in" and "The atmosphere is brilliant, we go 110%."

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

- People and staff had opportunities to share their views about the home; regular residents' meetings and staff meetings took place.
- People and staff had been sent questionnaires; the feedback received had been positive. For example, all 16 people gave a positive response to questions about how well staff listened to their views; showed courtesy and respect and sorted out their problems.

Continuous learning and improving care.

- The home had a culture of learning and improving.
- Staff described how the registered manager promoted open communication to improve the home. One staff member said, "[Registered manager] is not like some managers. If something needs sorting, we will sit down together and try. [Registered manager] fights for these guys."

- The provider continued to operate a structured approach to quality assurance; this was effective in identifying and addressing issues. This included a range of checks focussing on quality and safety.

Working in partnership with others.

- The local authority commissioners for the service had recently undertaken a review; the registered manager was in the process of reviewing the outcome.