

Holy Cross Care Homes Limited

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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 

Overall summary

This inspection took place on 22 September 2015 and was unannounced.

Holy Cross Care Homes Limited is registered to provide accommodation and personal care and support to a maximum of 57 older people. There were 53 people living at the home on the day of our inspection.

A registered manager was in post and was present during our inspection. 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.

Summary of findings

At our last inspection we had rated the provider as requires improvement. At this inspection we saw that improvements had been made.

Staff had received training and understood their responsibilities in keeping people safe at the home. They understood the procedures they needed to follow if they suspected people were at risk of danger, harm or abuse.

People's medicines were managed safely by staff and people received their medicines as prescribed. People were supported by sufficient staff and were not kept waiting when they needed assistance. The provider had recruitment processes in place to make sure staff were suitable to work at the home.

People's right to make their own decisions and choices were supported by staff. When people could not make their own decisions these were made on their behalf and in their best interests by people who knew them.

People were supported to maintain good health by having access to regular healthcare services when they needed it. Staff supported people to eat and drink enough and monitored any risks that were associated with this.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and made sure information was given to them in a way they could understand.

People were encouraged to maintain their independence and staff supported this. Staff treated people with kindness and respected people's right to privacy and dignity.

People were involved in agreeing how they wanted their care delivered and this information was used to personalise people's care and support. People's opinions were sought and listened to and improvements made for the benefit of the people of who lived at the home.

Staff at the home worked for the benefit of the people that lived there. The home had a positive and homely atmosphere and staff spoke about the people they supported with warmth and consideration.

Regular checks were completed by the provider and registered manager to monitor the quality of service that staff delivered at the home and improvements were made where needed.

Summary of findings

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.

People told us they felt safe and that staff treated them well. Staff were aware of how to protect people from danger and harm and knew the processes they should follow to make sure people were kept safe. People told us they were supported to take their medicine and we found systems were in place to make sure these were managed safely by staff.

Good



Is the service effective?

The service was effective.

We saw that staff had the skills and training to support people's needs. Staff respected people's right to make their own decisions and supported them to do so. We saw that people were supported to access healthcare and support from other professionals when needed.

Good



Is the service caring?

The service was caring.

People told us that staff were kind to them and they were happy living at the home. Staff supported people to be involved in their own care by giving them information in a way they understood. We saw staff treated people with dignity, respected their privacy and encouraged them to be as independent as they could be.

Good



Is the service responsive?

The service was responsive.

We saw that staff recognised and responded appropriately when people's needs changed. People received care and support that was personal to them and that was reviewed regularly. Most people were aware of who they could report complaints to but all agreed they were happy with the care they received.

Good



Is the service well-led?

The service was well led.

People benefitted from a stable and established management and staff team. We found that all staff put the people they supported at the heart of the service and recognised that this was people's home. We saw systems were in place which enabled the provider to monitor the quality of care that people received.

Good



Holy Cross Care Homes Limited

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 22 September 2015 and was unannounced.

The inspection team consisted of two inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had

received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with 15 people who lived at the home and one relative. We also spoke with one visiting health professional, eight staff which included the registered manager and the deputy manager. We viewed four people's care plans and other records which related to consent, people's medicines and the assessment and management of risk. We also viewed records which related to staff training and recruitment and the management of the home.

We spent time observing how people spent their time and how staff interacted with people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, “I am totally safe here. The staff are always around. Someone will come when we call and it’s usually within minutes”. Staff understood how the people they supported could be abused or discriminated against. They knew the procedures they needed to follow if they suspected people were at risk of this, including who to report their concerns to and where policies were located. One staff member said, “It is our duty to keep people safe by understanding the processes in place to do that”. All staff we spoke with understood their role in keeping people and their possessions safe and in protecting them from any danger or harm.

Risks to people’s safety and wellbeing had been assessed and were monitored regularly. Staff understood the risks associated with people’s care and understood how to keep people safe whilst ensuring they were not restricting them. One staff member said, “We strive to enable people to do what they wish, even if it entails some risk. We talk this through with each person and let them know what the risk is”. One visiting health professional said, “There are no issues with this service. It has always provided safe care.”

Staff knew how to report accidents and incidents and understood the importance of following these policies to help minimise risks to people. These were recorded and analysed to identify any trends and how any common or specific risks could be reduced. We saw that actions had been taken as a result and this had led to staff supporting people safely

We saw that people were supported by sufficient numbers of staff. One person said, “There are enough staff to make

sure we do not wait to receive attention”. Staff told us that they had time to support people with their individual needs and did not feel rushed when they helped people. We saw the allocation of staff throughout the home meant that people received support when they needed it. When people rang their call bells for support these were responded to quickly by staff. Staff also recognised when people needed assistance if they were in the communal areas of the home. We saw that appropriate checks were completed on new staff prior to them starting work at the home. This included obtaining references from previous employers and completing checks to ensure they were suitable to work with people who lived at the home.

People told us how staff supported them with their medicine. One person explained how staff gave them their tablets during the day and considered they did this safely. They said, “The staff have spoken to me and explained everything. I know that they should be told when I want to take anything extra particularly my pain tablets”. Another person told us that staff had never forgotten to give them their medicine. The provider had a dedicated member of staff who oversaw the management of people’s medicines. Staff received training before they were able to support people with their medicines and their continuing competence was confirmed through regular assessment. Most medicines including those that were prescribed ‘as required’ were kept securely. The provider agreed to supply extra storage space for the few items that couldn’t fit in the store cupboards and that were kept on a shelf nearby. Medicine quantities were checked to make sure that people’s supplies were always available. Records associated with the administration of people’s medicines were completed correctly and showed that people had received their medicine as prescribed.

Is the service effective?

Our findings

We asked people about the staff that supported them. One person said, “The staff look after me well”. Another person said, “They are good, they know what they are doing”. Staff told us they received good training opportunities which were relevant to their role, such as infection control, diabetes management and end of life care. They felt that because the training developed their knowledge and skills they were able to confidently carry out their roles. One staff member said, “My training makes sure I can help people properly and in the right way”. We saw that staff had the skills and experience to support people with their individual needs.

All members of the care staff received one to one supervision and support on a regular basis. Staff told us that the supervision sessions were helpful and they had the opportunity to discuss their training needs, request further training and that they received feedback on their own working practice. They also received a lot of informal guidance from the senior staff that worked alongside them on a daily basis.

We saw that staff asked people’s permission prior to supporting them and supported them to make their own decisions whether it be around their personal care, how to spend their time or choice of food and drink. Staff told us the different ways they gained consent from people and how they supported people to understand their choices, particularly when people may have difficulty understanding or communicating. Staff told us that for some people they would look at their body language and facial expressions to confirm their agreement.

We found that the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed to ensure that the human rights of people who lacked mental capacity to make particular decisions were protected. People’s capacity to make and understand specific decisions about their own care and treatment had been assessed and this was documented appropriately. We saw capacity assessments had been completed and best interest decisions made on behalf of people. The registered manager had made appropriate applications to the local authority with regards to Deprivation of Liberty Safeguards (DoLS) which had been authorised.

People told us they enjoyed the food and that they had plenty of it. One person said, “The food is so nice, I look forward to eating it”. We saw that people were assisted by staff with eating and drinking when they needed support or encouragement. Staff sat with people and discreetly observed them whilst making the meal time a social occasion to enjoy.

We saw people were offered hot or cold drinks and snacks throughout the day. People were weighed regularly and risks associated with their eating and drinking were assessed. Staff made timely referrals to health professionals if they were concerned that people had difficulty eating, drinking or swallowing. Catering and care staff knew people’s specific and preferred dietary needs and these were provided. Meal choices were available each meal time and menus were discussed at meetings where people had the opportunity to make suggestions for what meals they would like. However, not all people we spoke with said they always felt they were offered a choice of meals. This was discussed with staff and the registered manager who assured us that people were involved in making choices but they would ensure these were confirmed with people prior to their meals.

People were supported to receive on-going health care services. Everyone we spoke with told us a doctor or other health professional would be called if necessary. One person said, “I’d tell someone in the office if I feel unwell to get a doctor. The optician and dentist visit the home”. One relative told us that staff got the doctor whenever they asked. Care records confirmed people had access to health care professionals to meet their specific needs. For example, the staff worked with the district nurses to identify people who were at risk of pressure damage to their skin. They also developed a link with the diabetes nurse to ensure staff were up to date with their knowledge and competency to support people with diabetes. Feedback from a visiting health professional was positive about the way staff responded to people’s needs and they felt they supported people well. They told us that staff approached them for advice promptly if needed. This meant people were assisted to sustain optimum health.

Is the service caring?

Our findings

All the people we spoke with told us that staff were kind, caring and treated them well. One person said, “The staff are very, very good, they’re lovely, all of them”. Throughout our inspection we watched how staff interacted with people. Staff acted positively and warmly towards people and we saw they had a caring and compassionate manner. Some people who had difficulties communicating because of a hearing impairment were given the time to express themselves. We saw and heard lots of friendly chatter and laughter throughout the home and saw plenty of smiles on people’s and staff’s faces. Staff told us that most staff had worked at the home for a number of years and this had helped to build positive relationships with people, relatives and other staff members. One staff member said, “If I can put a smile on [people’s] face then it’s worth it. That’s what makes me come back every day (to work)”.

People were involved in their own care and treatment and in making choices on how they wanted their care delivered. People told us they had been spoken to about their life before they moved into the home and this information had been used to create their plan of care. We saw that their needs were assessed, recorded and communicated to staff and that staff followed the specific instructions to meet

individual needs. People told us they were able to identify and follow their own chosen routines such as when they got up and went to bed and that staff respected and supported them with this. Staff told us that people made their own choices and identified their preferences with regards to their own care. Each person had a keyworker who worked closely with them to ensure they were involved in making decisions about their care. Some people had an advocate who visited them regularly. The advocate also spoke with people in groups to ensure that everyone at the home was able to express their views about their own care.

People told us that their independence was promoted by staff and that their privacy and dignity was respected. One person said, “When I have visitors we can sit in the blue sitting room if we want some privacy”. Another person told us they liked to keep busy and they were able to help around the home and also helped to look after the home’s cat. We saw that staff supported people to keep their independence through the use of aids such as adapted utensils at meal times and equipment to help them stay mobile. Staff told us that they always encouraged people to do as much for themselves as they could. They also told us that they respected when people wanted privacy or to be left alone in their own rooms.

Is the service responsive?

Our findings

People told us that staff supported them how they wanted to be supported. Staff understood people's preferences and respected their views. People's care needs, preferences, wishes and what was important to them were known by staff and this was used to create individual plans of support for each person. We found that staff were responsive to changes in people's needs and took appropriate action when necessary to ensure care was reviewed and updated regularly. We saw one person had been referred to their doctor because of changes in their appetite. Their care was discussed and reviewed and staff had implemented the necessary changes to the person's diet with the support of other professionals. This had improved the person's situation and maintained their health. One visiting professional confirmed that staff were responsive to people's needs and recognised when their needs changed.

People were supported to pursue their hobbies and interests and they had access to daily entertainment within the home if they chose to. People also spoke about trips they took part in and that they were asked to share their

thoughts on what they would like to do at meetings held in the home. People told us they could practice their faith and were supported with this. On the day of our inspection a harvest festival was held where people and staff sung hymns. This was repeated in both lounges of the home so everyone who wanted to could take part. This was well attended and people told us afterwards that they had enjoyed the singing. We saw from resident meeting minutes that people were encouraged to share their thoughts on the type of activities held in the home.

None of the people we spoke with had any complaints about the quality of care they received at the home. One person said, "Staff are so good to me, I don't need to complain. I do know how to go about it though if I was worried". One person told us they did not know who to speak with if they wanted to make a complaint. Other people we spoke with told us they were aware of how to make complaints and told us they would raise any issues or complaints with staff. The provider had a complaints system in place which they were in the process of updating and we were told this would be shared with people once it was completed.

Is the service well-led?

Our findings

People told us they saw the registered manager and deputy manager around the home and had the opportunity to speak with them. The registered manager told us this was an opportunity for them to get people's feedback or speak with them about any concerns they had. Regular meetings were also held where people were able to give feedback and make suggestions for improvements. One person told us they were not aware of when these meetings were. The home was nearing the end of a major refurbishment and the area where the information was kept had recently been decorated and the new notice board not put up yet. This included the information about meetings. The registered manager told us that the information area would be restored soon and they agreed that people should know what was happening in the home at all times.

We saw a positive, homely culture where people and staff were comfortable with each other. One person said, "I do not wish to move, it's so lovely here. I love my room and how I am talked to by the owner". Staff told us they aimed to achieve the best they could for people. The atmosphere in the home was caring, friendly and inclusive. One staff member said, "I love my job, I think we truly give our best to look after people and more". Another staff member said, "It's the great residents, great staff and teamwork that makes the home welcoming". The registered manager told us that this was people's home and they wanted to keep improving the facilities for people and to ensure that staff were always supported.

Staff were encouraged to question practice and understood how to whistleblow if they felt they needed to.

Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff told us they were confident that if they reported any concerns about abuse or the conduct of their colleagues the registered manager would listen and take action.

The provider had a stable and well established management team in place. The registered manager was also one of the two owners of the home and as such had responsibility as provider and registered manager. Staff understood management arrangements and told us they felt valued and their contribution to the home was recognised. The provider recognised that well motivated staff were essential in ensuring people's care needs were met. The senior staff team was motivated and this filtered down into junior staff. All staff we spoke with were enthusiastic about their roles and felt supported by managers.

We saw systems were in place to enable the provider to monitor the quality of care that staff provided at the home. Following our last inspection we saw that improvement had been made in the areas we had rated as requires improvement. Managers completed observations on staff practice to ensure they provided competent care, however these observations were not always recorded. Audits were completed regularly by the registered manager and senior staff to check medicines, documentation and the environment. Where issues were found these were discussed with staff and action taken to make improvements. Staff confirmed they were aware of areas that were identified as needing improvement and were involved in making the improvements required.