

Stonehaven (Healthcare) Ltd

St Petroc's Care Home

Inspection report

St Nicholas Street
Bodmin
Cornwall
PL31 1AG

Tel: 0120876152
Website: www.stone-haven.co.uk

Date of inspection visit:
21 January 2020
22 January 2020

Date of publication:
02 March 2020

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

St Petroc's is a residential care home providing personal care for up to 30 older people. At the time of the inspection 27 people were living at the service. The accommodation is in older style property. Accommodation was arranged over two floors and an annexe.

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

Following our previous inspection the provider had made improvements to the safety of the premises. Security measures were in place and remedial action had been taken to improve fire safety.

Shared areas of the home were pleasant and well maintained. Improvements were being made to add a treatment room and reconfigure an existing bathroom to make it more accessible for people with mobility problems. People's bedrooms were personalised. Areas around people's sinks lacked storage with most people only having shelves to store spare toilet rolls and toiletries. This was impersonal and did not protect people's privacy. Some shared bathrooms were being used to store mobility and cleaning equipment and were cluttered. We have made a recommendation about this in the report.

Relatives were positive about the service and staff. They told us they were welcomed and the atmosphere was pleasant and friendly. Staff kept relatives informed of any changes in their family members needs. Staff and relatives told us the registered manager was approachable and listened to any concerns.

Medicines were well managed and kept securely. Staff administering medicines were trained and had their competency assessed. The home was clean and staff had access to aprons and gloves to use when delivering personal care.

An activity co-ordinator had been employed and they organised daily pastimes which were in line with people's interests. Community links were being developed and the service took part in community and national events.

Care plans were informative and covered all aspects of people's care. There were plans to reduce the use of paper records in the near future. The service was able to provide end of life care and people's preferences at this time of their lives were sought and recorded.

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 25 January 2019) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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 Petroc's Care Home

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

The inspection was carried out by an inspector and a specialist advisor with nursing experience.

Service and service type

St Petroc's 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

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 seven people who used the service, seven members of staff including the registered manager, deputy manager, care workers and the cook. We 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.

We reviewed a range of records. This included four people's care records and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at health and safety records. We spoke with two relatives.

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 requires improvement. At this inspection this key question has now improved to good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to monitor and address risks relating to the environment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Thermostatic mixing valves were fitted to hot water outlets to mitigate the risk of scalding. Temperatures were regularly monitored so staff would be alerted if the systems failed.
- Improvements had been made to the environment to minimise the risks in case of fire and risks associated with a sloping corridor. Security arrangements at the main entrance to the home had been improved.
- Some people had pressure mattresses to protect their skin integrity. These were checked regularly to help ensure they were set in accordance with people's weight.
- Checks of equipment and utilities were completed by external contractors. Staff had received training in fire safety and emergency lighting, fire alarms and fire doors were checked regularly.

Systems and processes to safeguard people from the risk of abuse

- Staff were required to complete safeguarding training which was regularly refreshed. They understood the processes for reporting abuse and told us they would not hesitate to raise any concerns.
- People and relatives told us they believed care was delivered safely, comments included; "I cannot fault it, [my relative] is very safe."

Staffing and recruitment

- A dependency tool was used to calculate how many staff were required to help ensure people's needs could be met. Rotas for the two weeks preceding the inspection showed these staffing levels were consistently met.
- The registered manager had identified people were at increased risk of falling during the afternoon when staffing levels dropped. They had raised this with the provider who had agreed to fund an additional member of staff for this part of the day.
- Some concerns were raised to us about staffing levels. We discussed this with the registered manager who acknowledged there were periods during the day when demands on staff were high. This had been

identified and more staff were being recruited to address the shortcomings.

- As well as care staff the provider employed domestic and kitchen staff and a maintenance worker. Relatives told us, although staff were busy, they were friendly and welcoming.
- Recruitment checks were completed before new staff started work. This included criminal background checks and following up references.

Using medicines safely

- Medicines were administered in line with people's preferences and needs. For example, some people needed medicines administered at specific times and this was adhered to.
- Medicines were stored securely. Temperatures of storage areas were monitored and records showed the temperature was stable and within an acceptable range.
- Medicine Administration Records (MAR), were kept and were accurate.
- When anyone received medicines to be given 'as required' (PRN), this was recorded with sufficient detail to show why it was given and how much. There were clear protocols in place to guide staff on when to use PRN medicines.

Preventing and controlling infection

- The premises were clean and smelled fresh. Domestic staff were employed throughout the week to help maintain cleanliness.
- Staff completed infection control training. They had access to gloves and aprons to use when supporting people with personal care.

Learning lessons when things go wrong

- Following an incident when one person had fallen, additional measures had been put in place to minimise the risk of reoccurrence. Night staff had been provided with walkie talkies to enable them to contact each other quickly in an emergency.
- Any investigation into the incident had also highlighted communication with families as an area for improvement. New protocols for staff to follow in the event of an accident were being developed.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Some people were able to make simple day to day choices, for example what to eat, but were unable to make more complex decisions. Mental capacity assessments had been completed in respect of decisions about people's delivery of care.
- One person's care plan showed their access to tobacco was restricted. There were no records to indicate the person had agreed to the restriction. Staff told us the person could become agitated when they wanted tobacco.

We recommend the provider ensures that, when people with capacity to do so, have agreed to any restriction that agreement is clearly documented.

- DoLS applications were made appropriately. When authorisations had been granted with conditions attached these were being adhered to.

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

- At our previous inspection we carried out a lunchtime observation and saw people were not well supported at this time. At this inspection we found the situation had improved.
- People had access to a varied and healthy diet. Kitchen staff were aware of people's preferences and any dietary requirements. They spoke with people regularly to check they were satisfied with the meals

provided.

- Some people were unable to eat independently and needed support at meal times. Staff providing this support were focused on the person and unhurried in their approach.
- We had received concerns that people did not have access to drinks throughout the day. We visited people in their rooms and observed they had drinks available and in reach. Staff meeting minutes showed staff had been reminded of the importance of ensuring people always had drinks available.
- Some people were at risk due to poor nutrition or hydration. Records were kept to document what these people had eaten or drank so staff could monitor their intake over time.

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

- The effect of the environment on people's well-being was not always considered. Although shared lounges were pleasant we identified areas for improvement in bedrooms and bathrooms.
- Although bedrooms were personalised and reflected people's tastes and interests, areas around sinks lacked storage space for toilet rolls, toothbrushes and paper towels. The effect was that these areas were impersonal and felt like temporary arrangements.
- Some bathrooms were being used to store mobility and cleaning equipment. This meant they were cluttered and didn't provide a pleasant environment for bathing. Following the inspection, the provider informed us they intended to develop environmental risk assessments to implement when a lack of space meant they were obliged to keep equipment in bathrooms. They also assured us equipment would be removed prior to anyone being supported to bathe or shower.
- A box containing old shower attachments, and other oddments had been left at the top of one stairway making it difficult for people in wheelchairs to access the hairdresser salon.
- There was a lack of signage or use of colours to help people living with dementia to find their way around the home independently .

We recommend the provider considers the effect of the environment on people's emotional well-being.

- Accommodation was over two floors and an annexe. Stair lifts were in place to enable people to have access to shared areas.
- An existing bathroom was being reconfigured to provide a treatment room and a more accessible bathroom. A new sluice room was nearly complete.

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

- People's needs were assessed before they started living at St Petroc's to help ensure they could be supported appropriately.
- Staff delivered care effectively and in line with good practice to help ensure people had good outcomes.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction which included a period of shadowing. One member of staff told us they had requested additional shadow shifts before starting to work independently as they lacked confidence. This had been agreed and the member of staff told us they had been well supported.
- Staff had training to help them meet people's needs and keep them safe. There was no specific training on how to support people with oral care. We discussed this with the registered manager who agreed they would follow this up.

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

- People were encouraged to stay healthy by staff who were aware of the importance of encouraging

people to remain active and eat well.

- A visiting professional told us they had no concerns about the quality of care and staff were quick to inform them of any increase in people's needs.
- Records showed people had access to other healthcare professionals when needed. For example, advice had been sought from speech and language therapists, community psychiatric nurses and district nurses.

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 requires improvement. At this inspection this key question has now improved to good. 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

- At our previous inspection we noted people were not consistently well supported, particularly during the lunchtime period. At this inspection we had no concerns regarding this as noted in the effective section of this report.
- Staff were caring and friendly in their approach. We observed staff spending time sitting and chatting to people and showing an interest in their well-being.
- Relatives and professionals had completed surveys about their experience of the service. Comments included; "A kind and positive home which I always enjoy visiting" and "Staff are very friendly and helpful."
- People told us they were happy with their care. One person commented; "I have nothing to complain about."

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

- People were asked for their views of the service. Residents meetings were held to give people an opportunity to raise suggestions.
- People, and their representatives where appropriate, were asked to contribute to care plan reviews.
- Family relationships were respected. The registered manager told us about one person who needed encouraging to eat and how responsive they were to any family involvement when having meals.
- People were supported to make meaningful choices. For example, photographs were used to help people be involved in menu planning and choosing meals. However, there was no pictorial menu used on a daily basis to remind people what was on the menu for the day.

Respecting and promoting people's privacy, dignity and independence

- Records to document water temperatures were kept in bathrooms. These also included people's names and the times they had been supported to have a bath or shower. This did not promote people's privacy.
- We observed staff knocked on people's doors before entering. Doors were kept closed unless people had requested that they be left open.
- Staff supported people with personal care respectfully and with discretion.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- At our previous inspection we noted people did not have enough opportunities to take part in activities.
- Since our previous inspection an activity co-ordinator had been employed. Staff told us this had improved people's experience of the service.
- As well as in house activities, external entertainers visited the service regularly.
- Staff were aware of people's interests and were able to offer activities which were meaningful to them.
- The service engaged with community and national events. For example, a day to raise money on behalf of the air ambulance was being organised.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained information about people's physical and emotional needs. Details about people's personal histories enabled staff to develop an understanding of their backgrounds.
- Each care plan reflected people's individual needs and preferences.
- Daily notes documented how people had been supported and any changes to their needs. Staff shared relevant information at handovers between shifts to help ensure they were up to date with any changes.
- Monitoring records such as food and fluid charts and skin integrity charts were completed appropriately.

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.

- Care plans documented the support people needed to access information. For example, if they used reading glasses or hearing aids. Information to be given to hospital staff in an emergency contained brief details about their communication needs.

Improving care quality in response to complaints or concerns

- Complaints were recorded and action taken to address them in line with policies and procedures.
- Complaints about the delivery of care were investigated by a member of the organisations senior management team to help ensure an objective approach.

End of life care and support

- When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately in their care plans.

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 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.

Continuous learning and improving care

At our last inspection the provider had failed to robustly establish quality and safety monitoring systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- The registered manager attended manager meetings with other registered managers within the organisation. These meetings were an opportunity for learning and sharing experiences.
- The service was working to improve the care planning system and reduce the use of paper records. A gradual approach was being adopted to help ensure information was not lost.
- Audits were completed by the registered manager and the organisations senior management team. However, these had not identified or addressed the issues around consent and the environment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported as individuals and taking their diverse needs into account.
- Relatives told us they frequently saw the registered manager who was approachable. One commented; "I have a good relationship with [registered manager]."

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 registered manager had communicated with people and their families when things had gone wrong.

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

- The registered manager was supported by a deputy manager and senior care workers. There were clear lines of responsibility in place which were known and understood by the staff team.
- Key workers had oversight of named individuals' day to day needs.
- Ratings from the previous inspection report were displayed in the service and on the providers website.

- The registered manager told us the organisation was 'very supportive.' They added; "I know all of the other managers well enough to ring up if I need advice."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff, people, their families and external professionals were asked for their views of the service each year.
- The activity co-ordinator produced monthly newsletters to keep families informed of any events in the service.
- Links with the local community were encouraged. Representatives from a local church regularly visited and students from a local college completed work experience placements at the service.
- Staff were generally positive about the management of the service and said they were able to approach the registered or deputy manager with any concerns.
- Meetings for staff were held regularly. The registered manager ensured they frequently organised their working hours so they could meet with night staff. They told us; "All staff know we have an open-door policy."