

St Christopher Homes Limited

St. Christopher Care

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. Christopher Care is a supported living service which is registered to provide personal care. At the time of the inspection, they were supporting one person with a learning disability and was receiving personal care. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. This enabled people who used the service to live as full a life as possible and achieve the best possible outcomes.

Right Support

People received care and support that was personalised and responsive to their individual needs. Staff knew people's routines and provided the support they needed in the way they preferred. There was a positive relationship between people and the staff who supported them. People received their health support in a kind and compassionate way. Staff promoted people's independence and confidentiality of people's personal information was maintained. People and their relatives were involved in their care plans, including how to reduce the likelihood of the person becoming distressed. A relative told us that their family member was much happier since they moved to the service. People were supported to maintain good health and to access healthcare services when they needed.

Right Care

Systems were in place to assess people's needs before they started to use the service. The assessment covered areas of the person's physical, social, psychological and cultural needs. Risk assessments had been completed and staff were trained to support people safely. Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. 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 were supported to maintain relationships with relatives.

Right culture

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service worked well with other agencies to do so. People and their relatives were encouraged to provide feedback on the quality of care and this was acted on. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service. There were sufficient numbers of staff working for the service. The service was structured around the needs of the people and was able to adapt to their changing needs. The management team ensured a robust auditing process was in place.

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

Rating at last inspection

This service was registered with us on 20 August 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

St. Christopher Care

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to make sure someone would be available to support us with the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service and the information we had requested from the provider. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included people's care records, medicine administration records, satisfaction surveys, audits and staff rotas. We also looked at a variety of records relating to the management of the service, including policies and procedures. We spoke with the registered manager and two members of staff. We were not able to seek feedback from people who used the service due to their communication needs. Following the inspection, we continued to seek clarification from the provider to validate evidence found. We spoke with three relatives to obtain their views of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse as the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm.
- Staff had received training in safeguarding adults and had a good understanding of different types of abuse and how to report any concerns they might have. One member of staff told us, "If there is any abuse going on, I will report it to my manager."
- Relatives told us they felt their loved ones were safe whilst being supported by staff. One relative said, "[Person] is definitely safe there [in the service]."
- The provider also had a whistle blowing policy in place for staff to report matters of concerns. Staff were aware of their role and responsibilities in raising concerns with the management team and the role of external agencies. One member of staff told us, "I know about whistle blowing."

Assessing risk, safety monitoring and management

- People were supported by staff who understood how to provide safe care and reduce risks. Potential risks about people's safety were assessed to ensure they were supported to remain as safe as possible.
- Risk assessments were detailed and gave staff clear guidance on how to support people safely, for example, when people went out in the community. This helped to ensure care and support was delivered in a safe way.
- Risk assessments were reviewed and updated to reflect any changes in people's needs.
- People had a personal emergency evacuation plan (PEEP) in place. These are documents which advise of the support people need in the event of an evacuation taking place.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's assessed needs. The provider did not use agency staff.
- We reviewed the staff rota for March 2022 and found people were supported by the same staff team to help give continuity of care. One member of staff told us, "There are always enough staff." Relatives did not raise any concerns regarding staffing levels.
- The provider had a system in place to ensure only suitable staff were recruited to work with people who used the service. Staff recruitments files showed the provider carried out a number of checks before staff started working at the service. These included obtaining references, checking if they had any criminal records and checking their identification and immigration status to see if they were legally allowed to work in the United Kingdom. This helped ensure that staff were recruited safely.

Using medicines safely

- The provider had policies and procedures for staff to follow to ensure people received their medicines safely. Where people needed assistance to take their medicines, staff helped them.
- Medicine administration records (MAR) showed people received their medicines as prescribed.
- Staff who administered medicines had been trained to do so. Medicines administration records were audited by the registered manager to ensure people had received their medicines as prescribed.

Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection.
- Staff kept themselves up to date with relevant national guidance and were provided with personal protective equipment such as aprons, masks, and gloves. They also undertook COVID-19 testing on a regular basis.
- Staff had received training in infection control and were aware of their roles and responsibilities for the management of infection. They ensured the environment was clean and safe for people.

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents within the service.
- Records showed investigations and actions had taken place following any incidents, which were carried out by the management team. This helped to prevent them from happening again.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Before people started to use the service, an initial assessment was carried out. The assessment included assessing a number of areas such as the person's mobility, capacity to consent and ability to undertake tasks such as personal care and assisting with administration of their medicines.
- We looked at the assessment carried out when people moved in and found it was comprehensive. Information had been obtained from people, their relatives and also from the placing local authority.
- People and their representatives were involved fully in the assessment process. This helped to ensure people's needs were met in accordance with their wishes.

Staff support: induction, training, skills and experience

- Relatives told us that staff knew how to care and support their family member. One relative said, "The staff know what they are doing, my [person's] behaviour has improved."
- People were supported by staff who had received appropriate training and support to do their jobs and meet people's needs. There was a training programme in place for all staff. One member of staff said, "The training is good."
- Records showed staff had received training in a number of key areas relevant to their roles. This helped them to meet the needs of people who used the service.
- The registered manager monitored the staff training closely and was aware which staff training needed updating. This helped to make sure staff updated their skills in a timely manner.
- New staff received an induction when they started working at the service. This included training and 'shadowing' a more experienced member of staff. The induction covered a number of areas which included staff roles and responsibilities and key policies and procedures.
- Staff felt supported by the registered manager. They had regular meetings with them to discuss their development and any concerns they may have. This helped the registered manager to continually monitor and review staff performance.
- Staff supervision records showed that a range of issues were discussed during those meetings, including training needs.

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

- People were supported to eat and drink sufficient amounts to meet their needs. People's religious and cultural needs were taken into account when menus were prepared.
- People were able to choose what they would like to eat and if they did change their mind, they could have something else to eat.

- Staff were aware of people's dietary needs, including likes and dislikes. They encouraged people to eat a healthy and balanced diet and were aware of people's preferences. One member of staff told us, "[Person] likes rice and macaroni cheese."

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

- The registered manager worked with a number of health care professionals to ensure that people received the care and support they needed.
- Staff monitored people's health and welfare and made referrals to health care professionals where appropriate.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff were familiar with the processes and principles of the MCA and how people's best interests were assessed if the person lacked capacity to make certain decisions about their care and support. They gained consent from people before carrying out any tasks.
- Staff received training on the MCA. They told us the actions they would take if they felt a person lacked capacity to make certain decisions about their care and support. This was in line with MCA.
- There were policies and procedures for staff to follow. This involved supporting people to make decisions, for example, of what they would like to do or what they would like to wear.

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.

This is the first inspection for this newly registered service. This key question has been rated 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;

- Relatives told us the service was good and commented positively on the care and support provided by staff. One relative said, "The staff are good."
- The provider was committed to challenging discrimination. People were treated equally regardless of their abilities, background, lifestyle, values, beliefs and their cultures were respected. One member of staff told us, "I treat everyone [people] equally."
- Staff were aware of people's beliefs and cultural needs and ensured these were met, for example, which types of food people like to eat.

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

- People were encouraged to have their say about the care and support they received where they were able to do so.
- It was clear from our discussions with staff and from looking at records that people were able to make choices and were involved in decisions about their day.
- Relatives told us they were kept informed about any changes in their family member's health and or well-being. However, they also mentioned this could be further improved. This was discussed with the registered manager and they told us they now gave regular update to the relatives.
- Staff knew people well. They were aware of their likes, dislikes and preferences. This helped them to ensure people's individual needs were met. For example, one member of staff told us, "[Person] does not like to be around people who they did not know."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. Staff told us how they supported people in a way which protected their dignity. For example, they ensured the door was closed and the curtains drawn when assisting people with personal care.
- Staff encouraged people to be as independent as possible, whilst providing care and support. They knew how much people were able to do for themselves and what assistance they needed. For example, people were encouraged to make their own beds and helped with certain household chores.
- People's right to confidentiality was protected. Staff were aware of the importance of confidentiality and to whom they could share confidential information with. One member of staff told us, "I would not share confidential information with anyone, unless they had the right to know that information." Records were kept in lockable cabinets when not in use.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People received personalised care and support which met their individual needs and took full account of their background, history and personal circumstances.
- Care plans contained people's individual wishes and preferences about the way they wanted their care and support to be provided. This helped to ensure staff had the information they required to meet people's needs.
- Staff told us the care plans were informative and gave them enough information to enable them to meet people's needs.
- Care plans were up to date and regularly reviewed to reflect changes in people's care needs.
- There were daily staff handovers to ensure staff coming on duty were aware of any changes in a person's care or of any tasks that needed to be completed.

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's communication needs were assessed and recorded in their care plans. Staff were made aware of these needs such as speaking to people using simple sentences.
- People were provided with information in a format they could understand, for example, both the menu and people's support plans were in picture format.

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

- People were provided with opportunities to engage with meaningful activities and social interests relevant to their individual needs and requirements, both at the service and in the community. Staff knew the hobbies and interests of people. Relatives felt that the activities could be further improved and had discussed this with the registered manager.
- Staff encouraged and supported people to stay in touch with their relatives. Relatives confirmed they were able to visit their loved ones and sometimes their loved ones visited them too.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with any concerns or complaints. There was a system in place to record any complaints or concerns received. This included the details of the concern, actions

taken and the outcome.

- At the time of the inspection visit the service had not received any complaints.
- Relatives told us that they were able to discuss any issues with the registered manager or staff.

End of life care and support

- The registered manager informed us that none of the people using the service required end of life care at the time of our inspection. They were in the process of looking training for staff in this area should people develop end of life care needs.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives told us the service was good and ran well. They commented positively about the management team.
- The management team encouraged people, relatives and staff to discuss if they had any concerns or issues. They operated an 'open door' policy to ensure the service ran smoothly.
- Staff told us the registered manager was supportive and the service was a good place to work. One member of staff said, "The manager is very supportive and a good listener. We have a good working relationship."

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 provider was aware of when the CQC should be informed of events and incidents that happen within the service and also the responsibilities of being a registered provider.
- They informed us when their service started operating as it was previously dormant. They operated an open and transparent culture and had a good relationship with staff, people, their representatives, and other professionals.

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

- The provider understood what their role and responsibilities were. They kept us up to date with any changes that happened at the service and provided us with information promptly when we had requested it for this inspection.
- Staff were provided with information and guidance covering their roles and responsibilities. They knew who they were accountable to and had access to a range of policies and procedures on how to carry out their role safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The management team encouraged people, relatives and staff to be involved in the development of the service as much as possible.
- There were regular meetings held with staff. The registered manager discussed important messages about the service during meetings. Staff told us they could contribute ideas and found meetings informative as

they were kept up-to-date about people's needs and any changes happening within the service.

- There was a range of monitoring and audit tools to assess and monitor the delivery of care and support to people. These covered areas such as care records, daily records, medicines charts, staff training and included spot checks on staff to ensure they provided care and support to people to the required standard.
- The provider also sought feedback from people, their relatives, staff and other professionals to identify how the service could be improved. This was done through satisfaction surveys. We saw feedback from professionals was positive about the service.

Working in partnership with others.

- The provider worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. Records showed they had regular contact with multi-disciplinary teams to discuss people's on-going needs or to seek advice.
- The registered manager kept themselves up to date with best practice as far as health and social care was concerned. They visited the CQC website regularly to make sure they were familiar with our regulations and to be aware of what was happening within health and social care sector.