

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 ●

Summary of findings

Overall summary

What life is like for people using this service:

People were safe at the home and there were enough staff on duty.

People received the medicines they needed safely.

Staff understood their responsibilities about keeping people safe.

Risks were identified and managed well. Incidents and accidents were monitored to inform practice and make improvements to the service.

The home was clean and hygienic. Staff understood their responsibilities regarding prevention of the spread of infection.

Staff had received the training and support they needed to carry out their roles effectively. People had confidence in the staff and were content with the care they received.

Risks associated with nutritional needs were identified and managed and people received the support they needed to have a healthy diet.

People were supported to access health care services when they needed to. Staff described positive working relationships with health care professionals.

Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept securely.

There was a clear management structure at the home and staff understood their roles and responsibilities. Staff had a firm understanding of the ethos of the home to provide care and support in line with the values of the provider.

Governance arrangements were embedded within practice and regular audits identified any shortfalls in standards of care.

More information is in Detailed Findings below

Rating at last inspection: Good (report published 2 November 2015)

About the service: Holy Cross is a residential care home that was providing personal care to 51 people at the time of the inspection, some of whom were living with dementia. It is registered for a total of 57 beds.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

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.

Holy Cross Care Homes Limited

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

Inspection team: Two inspectors carried out the inspection supported by an 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.

Service and service type: Holy Cross is a care home. People in care homes receive accommodation and nursing or personal care. 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: Inspection site visit activity was unannounced and started on 28 November 2018 and ended on this date.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 11 people who used the service and three relatives to ask about their

experience of the care provided.

We spoke with seven members of staff including the registered manager, provider, deputy manager and care workers.

We reviewed a range of records. This included three people's care records and medication records. We also looked at two staff files in relation to recruitment, training and supervision records. We looked at records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

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.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- One relative told us, "This place is amazing, (person) has been here two years now and as a family we cannot fault a thing. We have no worries, we visit regularly and we know (person) is completely safe here. Importantly, (person) is very happy and feels safe, before (person) came here they were very unsettled. Everything here is first class."
- Staff had received training in how to keep people safe from abuse and staff were able to describe their responsibilities about this. One staff member spoke knowledgeably about signs that might indicate abuse and their responsibility to report any concerns. People told us that they would tell someone if they did not feel safe. The provider had a safeguarding policy that included local authority arrangements and records showed that referrals had been in line with this policy.

Assessing risk, safety monitoring and management

- One person said, "We are so well looked after here. When you get to my age and tend to fall you need to be safe and you are here. They give you confidence to be as independent as possible. But they are there to help as soon as you need it." The provider had assessments in place to identify risks to people. For example, some people had been assessed as being at risk of falls. The information advised staff of how to assist the person to move around safely. This included use of specific equipment to help prevent falls. We observed that staff were following the guidance in care plans when supporting people.
- Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in the home.
- Records showed that staff undertook regular checks to ensure that systems such as fire alarms and emergency lighting were maintained. People's ability to evacuate the building in the event of a fire had been considered and practiced. This ensured that specific risks were known about and could be managed in the event of an emergency.
- The provider employed staff who were responsible for maintenance in the home. Health and safety records were completed and up to date. Arrangements were in place for servicing equipment and regular audits ensured that issues were identified and managed appropriately.

Staffing levels

- Staff were recruited through a thorough recruitment process that ensured they were safe to work with people who used the service. Appropriate checks had been completed prior to staff starting work, which included checks through the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children or adults. This helps employers make safer recruiting decisions.
- We saw that there were enough staff to care for people and to respond to their needs in a timely way. The registered manager confirmed that staffing levels were determined according to people's needs and that

this was regularly reviewed to ensure there were enough staff on duty.

- One staff member commented, "It is our priority to keep all of our residents safe, comfortable and happy. We treat them as family, it is the only way. As our motto says; 'Our residents do not live in our workplace, we work in their home.'"

Using medicines safely

- Systems for ordering and receiving medicines into the home were safe. Medicines were stored securely. Medication Administration Record (MAR) charts were completed to provide accurate records. Some people were receiving PRN (as required) medicines. There were PRN protocols in place to guide staff in when these medicines should be given. Only those staff who had been trained in administering medicines were able to support people with their medicines. Records confirmed that assessments had been completed regularly to ensure staff remained competent to administer medicines. We observed medicines being given to individuals. A staff member assisted a person to have their inhaler. They explained, "Breathe in and out, well done, perfect." This showed staff had time to spend with people so that they received their medicines safely.

Preventing and controlling infection

- Staff had received training in the prevention and control of infection. We observed staff were using appropriate protective equipment such as gloves and aprons when dealing with food and drink.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- A staff member told us that team meetings and handovers included discussions about practice and how learning from mistakes could lead to improved care. They explained, "We have team meetings regularly and they are focussed on how we can do things well and improve."

Is the service effective?

Our findings

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

Good: 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

- One person said, "Nothing is ever too much trouble for anyone here and I am never rushed or made to feel awkward. They treat me as an individual and take note of my needs and that is very important to me. I wouldn't want to be anywhere else." People's needs and choices were assessed by management prior to coming to live at the home. The registered manager told us, "We involve people, and where appropriate their relatives, in the assessment before they come here to be sure we can meet their needs." Staff continued to assess people upon admission and involved them in regular reviews.
- Assessments were used to develop care plans that were person centred and took account of people's diverse needs, including their religion, ethnicity, sexuality, disabilities and aspects of their life that were important to them. For example, one care plan contained information for staff about a person's favourite clothes, jewellery and how they liked to be supported with their personal care.

Staff skills, knowledge and experience

- Staff told us that they received the training they needed for their roles. They described their training in subjects such as dementia awareness, pressure area care, manual handling and how to support people with behaviour that could be challenging to others.
- Staff reported being well supported in their roles and described having supervision meetings. Staff we spoke with confirmed that they felt confident that they could access the support they needed. We saw records that supported this. One staff member said, "The manager and the seniors are very approachable for anything."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink. They were complimentary of the food provided at the home. People were involved in surveys about mealtimes. Their views were taken on board by staff. A pictorial notice board in the home informed people of the choice of food available.
- We observed the lunch time meal. People were assisted to sit where they wanted to and staff were on hand to ensure people had the help they needed. We heard staff say, "Have you had enough? Can I get you more?" Staff were aware of people's preferences. Staff were heard reminding people of what they had chosen and checked that they were still happy with their choice. Some people had sensory loss affecting their sight. Staff were heard describing the meal and explained where food was positioned on their plate. People were offered alternatives if they did not want the food that was on offer. Staff told us that people could have snacks and drinks whenever they felt hungry. Throughout the day we observed staff offering people drinks. We saw that people had hot and cold drinks within their reach in their bedrooms.

Staff providing consistent, effective, timely care

- People had access to the health care services that they needed. One person said, "The GP always comes when needed and the chiropodist comes regularly. We are given our tablets and our health is looked after. We have only got to say if something is wrong or we don't feel too good and something is done about it. If the GP is called they come quickly. If we need to go to appointments they take us." During the inspection a district nurse was visiting people. Records showed that people were supported to attend regular health care appointments. A range of health care professionals were involved including, Speech and Language Therapists (SALT), chiropodist, dentist and community psychiatric nurses.

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

- We saw the decoration of the home was to a satisfactory standard. The registered manager told us that some areas of décor were looking 'tired'. A programme of improvement was in place in consultation with people that lived there. There was signage which would help people living with dementia orientate themselves around the home, for example signs to indicate where people could access toilets and bathrooms.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were. We saw one care plan that explained why a DoLS was in place and gave instruction to staff on how to engage with that person. It was clear that decisions were made in their best interest for their day to day care.

- Information regarding consent was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff had developed positive relationships with people and knew them well. People told us that staff were respectful and polite. The registered manager told us, "They are mums and dads to us and we'll do anything for them." A staff member said, "The people we look after, we love them to bits, it is very rewarding to see them happy and well looked after." Throughout the inspection we observed positive interactions between staff and people. When people were distressed staff were quick to offer comfort and support. People appeared comfortable in the company of staff and there was a natural relaxed atmosphere.

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

- Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. A relative told us, "The staff keep us informed and answer any questions we have."

- One person commented, "We are very well cared for by very kind people. We are helped to do what we can which helps us retain our sense of independence, which is important that sense of self-worth. We are not treated as invalids and they don't just do things to us they involve us and talk to us about how we would like things done. We are treated with the utmost dignity and respect." The service continued to be inclusive and to provide person centred care. People told us they were happy with the service. They all said it was a home from home and staff created a family-like atmosphere. They told us they were consulted on how the service was run to ensure continuity of care. Staff understood how to communicate with a person who could not speak to them. The care plan recorded that staff could recognise their feelings through facial expression, for example, '(Person) will give a lovely big smile if happy and will start to frown if not happy'.

Respecting and promoting people's privacy, dignity and independence

- One person said, "All the staff are wonderful and so very caring and kind. They must help me with washing and dressing and they do it in such a lovely way I am never embarrassed and they chatter along with me all the time. I need help at night and it is given with a kind and glad heart. I can have a shower when I want but we must watch my leg. I never feel awkward or embarrassed. They treat you with utmost respect here as an individual."
- People's needs and wishes continued to be at the heart of the service. Staff we spoke with and our observations showed they understood the values in relation to respecting privacy and dignity and treating people as individuals.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

How people's needs are met

- People we spoke with told us they were involved in the development of their care and support plans. The involvement of friends or families was encouraged, when appropriate, to identify how the person would prefer to be supported.
- The provider ensured people's needs could be met in a way that they liked. The care and support plans that we saw reflected people's individual health and social needs. They contained details that staff needed to follow to provide person centred care.

Personalised care

- A staff member explained to us about how they delivered care in a person-centred way, describing what was important to people. They said they had discussions about people's past life so that they got to know the people well.
- One person told us, "We are never bored here there is always something happening which I enjoy. It is social and you would never be lonely. I like it because we are involved and have a say. We will be involved in preparing for Christmas and our suggestions are taken seriously." People were supported to follow their interests and live an active and fulfilling life as possible. People had the opportunity to take part in an activity when they chose to. The provider employed a wellbeing coordinator whose role was to organise events in the home. There were daily activities inside the service for those able to participate and for those who were cared for in their room.
- People were supported to follow their religious beliefs.

Improving care quality in response to complaints or concerns

- People knew what to do if they had any concerns and were aware of the complaints procedure, which was on display in the service. People felt assured their concerns would be responded to. We viewed the provider's complaints records and saw that issues had been dealt with and resolved for the person.

End of life care and support

- We saw people had been involved in discussions about their care and support at the end of their life. Their wishes had been recorded in detail in their care records to ensure staff would know what to do when the time came. We saw one person had a 'just in case' medicine pack available and an end of life care plan in place. Their wishes to remain at the home and not go to hospital were agreed by the family and the GP and had been respected.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Leadership and management

- Leaders and managers positively encouraged feedback and acted on it to continuously improve the service. The registered manager and provider worked well together. They were passionate about the care they provided to people.
- A professional had responded to the provider in feedback. They stated that the provider acted very quickly on advice for improvement. This meant the provider delivered a high standard of service.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider had clear equality policies and staff had received training in how to support people's diverse needs.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a clear management structure and staff were clear about their roles and responsibilities. People continued to be supported by a team of staff who were part of an open and inclusive leadership.
- We observed staff that looked relaxed, happy and were organised in their work. Staff felt they could speak to the manager and be open about new ideas they would like to be considered.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- The quality of the service continued to be monitored. We saw there were audits carried out on all aspects of how the service recognised and met people's needs and wishes and how they were kept safe and as independent as possible. These included audits on how medicines were administered, recorded and stored and how people were kept safe from the spread of infection.
- It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home.

Engaging and involving people using the service, the public and staff

- The service continued to put people, their needs and wishes at the centre of the service. They assured they captured those wishes in a variety of ways, such as, day to day contact, meetings and questionnaires. During

this inspection we experienced positivity from all the people and staff we spoke with. All felt supported and felt their views were sought, listened to and responded to.

Continuous learning and improving care

- Staff told us that they could contribute to the development of the service and their ideas were welcomed. We saw that staff meetings took place that welcomed their views about the service.

- Notes from staff meetings showed that staff had made suggestions about improvements that could be made and contributed to discussions about planned developments at the home. Notes from residents' meetings also showed that staff sought people's views about the home. For example, people had asked for a daily prayer to be said before meals and we saw that this took place before lunch.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as G.P's, district nurses and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support the care of people living at the service. All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.

- The provider worked with a local college group called 'Enable' that helped young people living with autism to progress in their studies through work placements. Students volunteered as part of their course and had an opportunity to take up an apprenticeship in the home. This helped integrate young people and people who lived in the home into the community. It also helped both enhance their social interaction. People spoke very positively of this opportunity and praised the individuals highly.