

# Four Seasons (Bamford) Limited St Helens Care Home

## Inspection report

6 Manor Road  
St Helens Auckland  
Bishop Auckland  
County Durham  
DL14 9DL

Tel: 01388581426

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

St Helens care home is a residential care home providing accommodation and personal care to 36 people at the time of the inspection. St Helens care home accommodates up to 40 people in one adapted building.

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

Some people and their relatives told us they would like to see more activities taking place in the home. People told us they were happy with the care and support they received.

People were not always safe from the risk of harm or infection. Some areas of the home were not clean and mal odour was present. The kitchen was not clean and some equipment was unclean and cross infection risks were observed. Some equipment used by people who used the service was not always maintained not fit for purpose. The conservatory area of the home was unsafe as it reached unsafe cold temperatures.

Audits and monitoring systems were not always effective at managing the service and making the improvements required. Health and safety checks were in place however, they failed to address the infection control issues found on inspection. Where environmental concerns had been raised by the registered manager with the provider they were not always responded to.

The registered manager and provider responded immediately to the concerns and issues raised during our inspection and took action to either clean or replace items highlighted.

People were supported to have enough to eat and drink. However, feedback regarding the food was mixed. Support was provided in a way which put people and their preferences first. Information was provided for people in the correct format for them. However, menu boards were damaged and in need of replacement.

We received mixed feedback from people and relatives regarding the range of activities available to people in the home to protect them from social isolation and keep them engaged. We made a recommendation that activities are reviewed with people and the home research engaging options.

People had care plans in place and these were written in a person-centred way. People also had a 'my journal' booklet with life history, likes and dislikes information within. Medicines were managed well, administered and recorded accurately keeping people safe. People who received 'as and when required' medicines had clear instructions in place.

People were supported by enough staff were recruited safely. People and staff spoke positively about the registered manager. Staff received support and a variety of appropriate training to meet people's needs.

Individualised risk assessments were in place. Staff were confident to raise concerns appropriately to safeguard people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Appropriate healthcare professionals were included in people's care and support, as and when this was needed.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed via team meetings and communications. People had good links to the local community through regular access to local services.

People were supported to be independent where they could, their rights were respected and access to advocacy was available.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 16 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches at this inspection in relation to the safety and cleanliness of the premises, infection control, and oversight from management.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# St Helens 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

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

#### Service and service type

St Helens care home is a residential care home that provides accommodation for older people and people living with mental health conditions.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 spent time with people living at the service. We spoke with four people who used the service, six staff, six relatives, the manager, area manager, three care staff, a local authority commissioner and a visiting social worker.

We reviewed a range of records, included three people's care records and multiple medication records. 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 corroborate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed from infection control issues.

### Preventing and controlling infection

- The kitchen was unclean, there were stains on the tiled walls, dirt on switches, rust on the lower part of shelving units and sealant around the sink unit was not fit for purpose and dirty.
- Cleaning schedules were in place for the kitchen these had been signed by staff without the cleaning tasks being completed.
- Peoples equipment was not always clean; some people's wheelchairs were soiled and unclean.
- The fridge in the 'skills kitchen' that people used to store milk to make themselves cups of tea was rusty inside and not fit for purpose.
- There was a mal odour in the ground floor lounge entrance on day one of inspection. This was addressed by cleaning the carpet and was not present on day two. there was no evidence of malodour prior.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed cleaning had taken place in the kitchen, unsuitable items replaced and checks of the environment and equipment were to be improved.

### Assessing risk, safety monitoring and management

- Regular maintenance checks, risk assessments and repairs were carried out. However, the environment and equipment checks were not addressing the issues we found during our inspection.
- People had individual risk assessments; these were regularly reviewed, where risks were identified, care plans addressed the way in which staff could mitigate these risks.
- People had updated personal emergency evacuation plans.
- A fire risk assessment was in place and fire drills took place regularly.

### Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. These were analysed to look for any patterns or trends to minimise risk of further incidents.

#### Using medicines safely

- Medicines were managed safely. People who received 'as and when required' medicines had clear instructions in place.
- People received regular medicine reviews with their GP and other healthcare professionals.
- Medicine administration records were clear and completed fully. People received their medicines as prescribed, at the right time.

#### Staffing and recruitment

- There were enough staff on duty to meet people's needs individually and safely. Staff were always visible.
- People told us staffing levels were right. One person said, "It seems well led, there always seems to be enough staff in."
- Safe recruitment procedures were being followed.

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

- Staff had received safeguarding training and were able to raise any concerns appropriately.
- Where safeguarding concerns had been raised, investigations had taken place and appropriate action was taken.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Premises were not well maintained. The conservatory area of the home was not fit for purpose due to unsafe low room temperatures. Radiators were not working and some windows broken which wouldn't close.
  - People and their relatives were accessing the conservatory and we observed one person sat by the entrance and they became distressed because they were cold. Care staff responded immediately and brought them a blanket.
  - Maintenance of equipment was not always completed including people's wheelchairs.
  - Throughout the home numerous window fasteners were broken and a window in one of the bathrooms wouldn't close.
  - A full redecoration of the hallways was underway during our inspection to improve them.
- Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed the radiators had been fixed and the room temperature raised. Plans were to be introduced to replace broken window fasteners and suitable maintenance checks to equipment were to be improved.

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

- People's nutrition and hydration needs were met. People were provided with a varied and nutritionally balanced diet.
- The menu notice boards were damaged and the food choices were not on display clearly for people. The registered manager assured us they would replace these.
- People gave us mixed reviews about the food on offer. Comments included, "The food is OK, nothing special" and "I have stayed for meals and I like the food, it's good and it's enough for (my relative)."
- The staff were aware of people's dietary needs and kept up to date records.

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

- People's preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and reflected in their care plan.
- People told us they made their own choices. One person said us, "I get up and go to bed when I want. If I

want I can go in my room and watch TV. I've got sky TV."

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff told us they valued the training.
- New employees completed an induction. The care certificate training was used for people new to care; they also shadowed more experienced members of staff to get to know people before working with them.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked regularly with external professionals to support and maintain people's health, for example GPs and specialist nurses.
- Staff supported people to attend health appointments.

Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to healthcare professionals such as dieticians where appropriate in a timely manner.

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.

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care. They understood their role in making decisions in people's best interests.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People who could were asked to give consent to their care and treatment, we saw this was recorded in care files.

# Is the service caring?

## Our findings

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

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

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

- There was a positive rapport between people, support staff and management. One relative told us, "The staff here are by far the best. They take care of needs. I'm over the moon."
- People were supported to maintain relationships; they were supported to see relatives and to visit family.
- Staff were trained in dignity and respect. Staff treated people with kindness and respect at all times.
- People were supported to follow their chosen religion.

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

- People were supported by key workers who held regular meetings with people where they would look at their care plans and discuss any changes needed.
- People were supported to have their say and had independent advocates.
- Staff spent time listening and talking to people.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible.
- People were supported to learn skills to promote their independence.
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully. One staff member told us, "We don't speak outside of the home to anyone else." and "We respect people and give them a choice, make sure doors and curtains are closed when needed and respect their decisions and what they want."
- People were actively supported to achieve independence as a personal goal and were able to make plans to move on to a home with less support. People had been successful and achieved this outcome and moved on.

# Is the service responsive?

## Our findings

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

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

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 supported to take part in limited activities inside the home and in the community.
- People gave us mixed reviews of the activities on offer. During our inspection we observed dominoes and colouring in. One person told us, "I wish there was more to do. Really there's only dominos."
- The home had two activities co-ordinators in place who were unable to show us any activity plans for the week however, there was evidence of previous outings and activities in better weather.

We recommend that activities are reviewed to be more personalised, research best practice and introduce more sensory and engaging options for people.

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

- The support people received was individual to their needs and was delivered in a person-centred way. People could pursue social and leisure interests outside of the home. One person was a regular volunteer at a community centre.
- Reviews of care plans took place regularly.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported.

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.

- Complaints procedure and other documents were available to people in different formats, including easy read, talking books and large print.

Improving care quality in response to complaints or concerns.

- People were supported to complain. Staff told us; "We would go straight to the Manager or deputy, no waiting."

End of life care and support

- Care plan records were completed to include end of life care for people who required them.

# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits carried out by management highlighted environmental and maintenance issues to the provider and these were not always responded to. However, they did respond during our inspection.
- A lack of management oversight failed to address the issues in the home regarding cleanliness, infection control risks and maintenance of equipment in use by people.

Audits carried out by the provider and registered manager failed to identify actions required to address issues found during our inspection. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made notifications to CQC in relation to significant events that had occurred in the home.

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

- There was a good system of communication to keep staff, people using the service and their families informed of what was happening within the service.
- The registered manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People were asked their views on the service through surveys and an interactive iPad.

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 and provider were open with the inspector during the inspection. They took responsibility for issues found and took action to address concerns immediately where possible.

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

- The culture at the home was to support people to practice their chosen religions and for staff to understand different cultural beliefs or preferences.

Continuous learning and improving care

- People who used the service spoke positively about the registered manager and regularly went to them for support.
- The registered manager took on board opinions and views of the people who used the service to make improvements such as changing food menus and redecoration of the home.

#### Working in partnership with others

- People were supported to be active citizens within their local community by using local services regularly with support.
- The provider was working closely with local schools who regularly attended the home on special occasions such as Christmas.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Accommodation for persons who require treatment for substance misuse	There was an increased risk to people from a lack of infection control measures, maintenance of equipment and the premises.
Diagnostic and screening procedures	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Accommodation for persons who require treatment for substance misuse	Audits carried out by the provider failed to identify actions to address issues found during our inspection.
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	