

St Christopher's Homes

St Christopher's Home

Inspection report

Abington Park Crescent
Northampton
Northamptonshire
NN3 3AD

Tel: 01604637125

Date of inspection visit:
21 March 2018

Date of publication:
25 April 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

St Christopher's Care Home 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.

St Christopher's Care Home accommodates up to 52 people in one adapted building. At the time of our inspection, the service was providing support to 39 people .

At the last inspection in February 2016, the service was rated Good. At this inspection on 21 March 2018 we found the service remained Good overall, however improvements were required under the 'well led' domain.

The provider had systems in place to monitor the quality of the service. We found that whilst all areas of the service were monitored, actions were not always taken and improvements were not always made.

The service did not always notify the Care Quality Commission of certain events and incidents in a timely way.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place. Staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided. 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

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not consistently well led.</p> <p>Quality assurance systems were in place but actions and improvements were not always made.</p> <p>The service did not always notify the CQC promptly of incidents that they were required to.</p>	<p>Requires Improvement ●</p>

St Christopher's Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.'

This inspection took place on 21 March 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with four people who used the service, two relatives of people using the service, two support workers, the estate manager, the deputy manager, the assistant deputy manager, the registered manager and a trustee. We reviewed six people's care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service such as maintenance records, user feedback, and meeting minutes.

Is the service safe?

Our findings

People received safe support from the service. One person told us, "Yes it's very safe here, I have never had any worries about my safety." Other people and relatives we spoke with made similar comments.

The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "I have never had any concerns about anyone, but if I did I would speak with the manager, who I know would take the appropriate steps." We saw that staff were all trained in safeguarding procedures, and this was up to date.

Risk assessments were detailed, individualised and up to date. They covered all the potential risks present for people and the environments they were receiving support in, including inside and outside of the home. Relatives and staff we spoke with were happy with the content of risk assessments and positive that they promoted safe support.

Staffing numbers were sufficient to meet people's needs. During our inspection we saw that people had the support they needed from staff who were available for people promptly when called. There were enough staff on shift to make sure people were safe, and to provide meaningful activity and conversation. Rotas we saw confirmed that staffing was consistent.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. The provider had taken appropriate action to ensure staff at the service were suitable to provide care.

The staff supported people with the administration of medicines. People we spoke with confirmed that they received support from staff and they were happy that this was done safely. Medicine storage within the service was safe. We found that Medicine administration records (MAR) were filled in accurately apart from records that were used for topical medicines and skin barrier creams. We saw that several records had gaps where we could not tell if the medicine was given as prescribed or not. The registered manager told us they would be addressing this with the staff team immediately to ensure that accurate records were kept.

People were well protected by the prevention and control of infection. The staff took pride in the building they were working in, and provided care to people in a clean and tidy environment. A refurbishment plan was on-going. Staff were trained in infection control, and appropriate personal protective equipment was available for staff to use.

Incidents and accidents were recorded within the service accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team, through team meetings and supervisions if required. We saw that the registered manager reviewed and audited all aspects of the service. They communicated any issues with the staff team to ensure lessons were learnt and improvements made.

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was delivered in line with guidance. We saw that detailed pre assessments of people's needs were created by management before care was delivered, to ensure each person's needs could be met. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

Staff were skilled, knowledgeable and experienced, and people received the care they needed. All staff went through an induction training package when starting employment, and continued training took place to refresh knowledge and keep up to date with standards. Bespoke training was developed for areas such as end of life care, and the registered manager worked collaboratively with outside agencies to deliver this. Staff completed the Care Certificate, which covers the basic standards required for care. We saw that this training had directly involved the input of relatives who shared their own experiences and perspectives on the end of life care that their loved ones had received. The registered manager encouraged and supported staff to gain further recognised qualifications in care. The registered manager had developed records which confirmed that all training was kept up to date. All staff received regular supervision from management.

People were supported to maintain a balanced diet. We saw that people were able to access food as and when they wanted. Menu planning took place and people were offered a choice of food. We observed that lunch took place in a relaxed and comfortable atmosphere that people enjoyed. Food and fluid intake was monitored when required, any dietary requirements were recorded and observed.

People had access to all the healthcare requirements they needed. One person said, "I always get to see whoever I need." We saw a visiting health professional during our inspection, who told us the service was excellent at making sure people's needs were communicated. They also said that the staff were responsive to their feedback and flexible in their approach, to maximise efficiency for the people using the service.

People were able to personalise their rooms and furnish them as they wished. One person told us, "I am very happy with my room, it's exactly as I want it." People were consulted on the furnishings and decoration within communal areas also. We saw that a refurbishment plan was underway to update certain areas within the service.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for DoLS appropriately and as required. People told us that staff sought their consent before carrying out any care.

Is the service caring?

Our findings

People told us that staff treated them with respect, and were kind and caring. One person said, "Yes the staff are caring. You get to know most of them quite well." We saw a written compliment from a relative which said, 'I was amazed by the kindness and care of your staff.' The staff we spoke with all spoke positively of the people living in the service, and were knowledgeable about people's needs and preferences. We observed staff interact with people in a positive manner.

People and family members felt involved in the care provided. One relative told us, "When [name] had a fall, they contacted me straight away, and updated me on everything that went on." We saw within care planning, that people's decisions were documented and respected. People chose when they wanted to get up in the morning, and what activities they wanted to do. Regular meetings were held between staff and people to discuss their progress and health, and comment on any changes in support they felt were required.

Staff told us they understood the principles of the Equality Act, and had been trained to respect people's life choices. One staff member said, "People may choose to tell us information about themselves that they had previously kept private. All the staff here respect people's preferences and needs and understand people's right to confidentiality."

People confirmed that the staff respected their privacy and dignity when providing care. One person said, "My privacy is always respected." One staff member said, "I can say with confidence, that all the staff that work here, work in the same way. We all respect people's privacy and dignity and we would all report it immediately if we saw someone that wasn't." We saw that staff knocked on people's doors before entering, and were considerate of people's privacy when personal care was being carried out.

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. Care plans we looked at contained a personal history about the person, as well as likes, dislikes and preferences. This enabled staff to better understand the experiences of each person and their social and emotional support requirements. Cultural and religious information was included when relevant for each person. The service was affiliated with the Church of England, and had an in house chapel which people could regularly attend. The staff confirmed that many of the people living at the service considered religion to be an important part of their lives. They would use this facility, but those who did not wish to do so, were able to be supported with other activities and interests in their life.

The service had a library for the use of people, which included a computer with internet access. The staff told us they were able to support people to use the internet to make video calls to family, do shopping, and for general information. We saw that service was in the process of utilising a volunteer with IT skills to plan IT sessions for people to gain new skills.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. This is a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider had various documents available in large print such as activity schedules and a newsletter.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. No complaints had been made, but if complaints were made, we saw that the provider had a complaints policy and recording format which outlined that each complaint would be responded to promptly.

When required, people were supported at the end of their life to have a comfortable, dignified and pain free death. We saw a written compliment from a relative which said, 'I want to thank you all for the care and kindness that you gave [name] in the last months of their life.' We saw that the provider had collaborated with a local hospice, to create bespoke end of life training for staff. This meant that staff felt confident in providing care to people and relatives in a sensitive manner. The provider had sought and acted upon feedback from relatives of people that had received end of life care, to further improve people's experiences.

Is the service well-led?

Our findings

The provider was aware of their legal duty to submit notifications to the Care Quality Commission (CQC), but did not always do so. A notification is information about important events that the service is required to send us by law in a timely way. The service had notified the CQC appropriately on most occasions, but had failed to do so for two recent safeguarding alerts they had raised with the local authority. The registered manager and deputy manager told us they would be retrospectively submitting the information immediately, and going forward, would alert the CQC promptly if any further safeguarding concerns were raised .

The provider had systems in place to monitor the quality of the service. We found that whilst all areas of the service were monitored, actions were not always taken and improvements were not always made. We saw that several months of audits had picked up that gaps in information were present on MAR for topical medicines and barrier creams. The provider was aware that signatures were missing for numerous entries on these records, but actions had not been taken to improve practice. The registered manager told us that staff were spoken to about the problem in supervision and team meetings, but improvements had not been made. The registered manager and deputy manager told us they would now be re-addressing the issue and checking daily that the records were being correctly completed .

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider was open and honest, and promoted a positive culture throughout the staff team. All the staff we spoke with felt positive about working at the service, and told us they had good support from management. One staff member said, "It's a lovely service to work for. The support you get is excellent, which is reflected in the fact that a lot of the staff have worked here for a long time."

The people that lived at the service and the staff, were able to have their voices heard and were engaged and involved. We saw that resident meetings were held which created a forum for discussion and opinion. When ideas, requests or concerns were raised, they were recorded and followed up on by the staff. Staff also held meetings where updates on the service were discussed, along with updates on the people being supported. The staff we spoke with felt this was a good opportunity to raise ideas and concerns if necessary.

The latest CQC inspection report rating was on display within the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.

We saw that the provider was transparent and open to all stakeholders and agencies. The service was in communication with health and social care professionals to ensure the best support for each person. The provider worked openly with people in sharing information accurately, confidentially and promptly, to ensure people's safety and quality of care. A visiting health professional confirmed that the service worked

positively with them for the benefit of people living at the service.