

St Philips Care Limited

Ditton Priors Care Centre

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

This inspection was unannounced and took place on 15 June 2016.

Ditton Priors Care Centre provides accommodation and personal care for up to 23 older people and people living with dementia. On the day of our inspection 14 people were living there.

At the previous inspection on 6 and 7 May January 2015, we asked the provider to take action to make improvements with the management of medicines and to ensure that their governance promote good care. The provider sent us an action plan to tell us what they would do to address the breach of regulations. At this inspection we found that this action had been completed. It is the condition of this provider's registration that they have a registered manager in post but there has not been one in post since May 2016. The provider had appointed a manager prior to the registered manager leaving their post to ensure that people and the staff team received continued support. The manager told us they were in the process of submitting an application to register with the Care Quality Commission. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living in the home and staff knew how to protect them from the risk of potential abuse. Staff were aware of the risk posed to people and took action to avoid this happening. People's care and treatment needs were met because there were enough staff on duty to care for them. People were supported by staff to take their medicines as prescribed to maintain their health.

People were cared for by staff who were trained and had received regular one to one [supervision] sessions from the management team. People's human rights were protected because staff were aware of the principles of the Mental Capacity Act 2005. People were supported by staff to eat and drink sufficient amounts and were assisted to access relevant healthcare services when needed.

People were cared for by staff who were aware of their care needs and this was delivered in a kind and sympathetic manner. People were encouraged to be involved in planning their care. Staff were aware of the importance promoting people's right to privacy and dignity.

People were encouraged to be involved in their assessment and to pursue their interests. Staff recognised the support people required to maintain their independence and this was promoted. Staff knew when people were unhappy and action was taken to address this.

People were encouraged to have say in how the how was run. The provider had taken action to improve their governance so people received a better service. Staff felt supported in their role by the management team to provide a more effective service for people.

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.

People were safe living in the home because staff knew how to protect them. Staff were aware of the risk posed to people and knew how to avoid this happening. People's care and treatment needs were met because there was enough staff on duty. People were supported by staff to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were trained and who had received regular one to one [supervisions] sessions from the management team. People's human rights were protected because staff were aware of the principles of the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to maintain their health and they were assisted to access healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to be involved in planning their care and the care they received was delivered in a kind and compassionate way. People's right to privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to be involved in their assessment so they received support the way they liked. People's independence was promoted by staff who also listened to their concerns and acted on them.

Is the service well-led?

Good ●

The service was well-led.

The provider had reviewed their governance to provide a better service for people. People were encouraged to have a say in how the home was run. The home was run by a management team whose approach was person centred to ensure the individual's needs were met.

Ditton Priors Care Centre

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 was planned to check 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 15 June 2016 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with two people who used the service, two care staff, the manager, the regional manager and head of care. We looked at one care plan and risk assessment, medication administration records, accident reports and quality audits.

A number of people at the home were unable to tell us about their experience of using the service. 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

People were supported by staff to take their medicines as prescribed. The provider had taken action since our previous inspection to ensure the safe management of medicines and that people received their prescribed treatment. The manager said there was no one in the home that was able to manage their medicines independently. People were supported to take their treatment by staff who told us they had received medication training. Staff told us this training helped them to understand how to administer medicines safely. They also confirmed that the manager routinely carried out competency assessments to ensure their practices were safe and we saw copies of these competency assessments. Medicines were securely stored and the medicine administration record was signed by staff to show when people had received their medicines. A number of people were prescribed 'when required' medicines. These medicines were prescribed to be given only when needed. For example, for the treatment of pain. Staff told us they had access to a written protocol that supported their understanding about how to manage these medicines safely and we saw these in place. At our previous inspection we found that medicines that were no longer required had not been disposed of safely. The provider had now taken action to make a record of all medicines that were no longer needed and they were disposed of appropriately. This ensured that medicines were not accessible to people they had not been prescribed for.

People's needs were met because there were enough staff on duty to care for them. Since our previous inspection the provider had taken measures to ensure that there were enough staff on duty and that they were deployed where needed. One staff member said, "We were low on staff but we have new staff joining the team now." They told us there were enough staff on duty to care for people and we observed that staff were available to assist people when needed. For example, a call bell was activated and staff attended to the person immediately. A number of people were taken out for the day and there were enough staff to assist them. People could be assured that staff were suitable to work in the home because the provider's recruitment procedure included safety checks. We spoke with two staff members who confirmed references were requested and a Disclosure Barring Service check was carried out before they started to work in the home. These checks assisted the provider to select the right people to work in the home.

People were safeguarded from the risk of potential abuse because staff knew how to keep them safe. One person told us, "I feel safe here, I can't explain why but I just do." We spoke with two staff members who were aware of various forms of abuse. They told us if they had any concerns relating to abuse or poor care practices they would share this with the manager. They told us they had access to the provider's safeguarding policy that provided them with contact details of other agencies to share their concerns with. Staff told us that some people would be unable to tell them if they felt unsafe. However, a staff member said if a person became withdrawn or there was a change in their behaviour they would explore this further to make sure they were safe. Discussions with the manager confirmed that they were aware of when to share information of abuse with the local authority to protect the individual from further harm.

People could be confident that they would be safe in the home because staff practices promoted their safety. For example, a staff member told us that visual checks were always carried out on lifting equipment to make sure they were safe to use. Staff told us that they had access to risk assessments that supported

their understanding about how to reduce the risk of accidents. For example, staff informed us that sensor mats were used in bedrooms where people were at risk of falls. This alerted staff when the person required support with their mobility and reduced the risk of falls. A staff member told us about the importance of ensuring the environment was safe to reduce the risk of accidents. They said, "I make sure any spillage are cleared up and remove items that could cause people to trip or fall." Discussions with the manager and the records we looked at showed that accidents were monitored monthly to identify trends. The manager confirmed that there were no specific trends identified.

Is the service effective?

Our findings

People were supported by staff who had received training and regular one to one support from the manager. Since our previous inspection the provider had taken action to review staff's training. They had arranged further training to ensure staff had the skills to care for people appropriately. For example, at our previous inspection staff told us they had not received training relating the principles of the Mental Capacity Act [MCA] 2005 and the Deprivation of Liberty Safeguard [DoLS]. Staff had limited understanding of MCA and DoLS and we found that some people's liberty had been unlawfully deprived. At this inspection staff told us they had received MCA and DoLS training and they had a better understanding of MCA and how to promote people's human rights. For example, a staff member told us that when people were admitted to the home they always assume they have capacity to make their own decisions. Staff told us that since the last inspection they have received further training to assist them in their role. One staff member told us that dementia awareness training helped them understand how to communicate with people living with this condition. Staff told us that the manager would meet with them after they had received training to find out what they had learned. They said that the manager would observe that the skills learnt were put into practice to improve the service provided.

Staff confirmed they received regular one to one [supervision] sessions from the manager or the regional manager. They said these sessions provided them with a better understanding about their work practice and how to provide a good service. The manager told us that all new staff were provided with an induction into their role and staff confirmed this. One staff member said their induction enabled them to become familiar with people's care and support needs. Their induction also included training and reading the provider's policies and procedures. Staff told us they worked alongside an experienced staff member until they felt confident to work alone.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We spoke with two people who told us that staff always asked for their consent before they assisted them with their personal care needs. The manager and staff told us that people were encouraged and supported to make their own decisions. A staff member said where necessary we use pictorial aids to help people make a decision. Another staff member said, "I always offer people a choice of clothes to wear when I support them with their personal care needs." They told us that at mealtimes they showed people what is on offer to enable them to point at what they want. The manager told us that arrangements had been made to take some people out on a day trip on the day of the inspection. However, one person decided they didn't want to go and we saw that staff respected their decision. The manager was aware of when a best interest decision should be made on behalf of people. The manager said there were no best interest decisions in place. However, if these were ever needed people would be encouraged to be present when decisions are made on their behalf.

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 were being met. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager was aware of when to apply for a DoL authorisation to protect people's human rights. The manager and staff said that some people may not be able to contribute in discussions about their DoL referral to the local authority. People and where appropriate their relative would be encouraged to be present during discussions about a DoL referral. The regional manager said a DoL authorisation was in place for one person. The DoL was in place prevent the person leaving the home alone because this would place them at risk of harm. The manager said the least restrictive measures would be taken. They informed us that if the person wanted to leave the home they would be supported by staff to do so to ensure their safety and wellbeing. The staff we spoke with were aware of why the person's liberty had been deprived and the support they required.

People were supported to eat and drink sufficient amounts to maintain their health. The provider had taken action to ensure that staff were available at mealtimes to support people with their meals. People told us that the meals were nice and they were provided with a choice. One person told us, "The food is good here." We observed staff encourage and supported to people to eat and drink and were patient when they assisted them. Discussions with staff confirmed their awareness of people's dietary needs in relation to their health condition, allergies, likes and dislikes. Staff told us that information relating to people's dietary needs was also located in their care records. A staff member said where concerns had been identified about the amount a person eats and drinks a chart would be put in place to monitor this. Staff confirmed that where necessary a referral would be made to a dietician or a speech and language therapist for support and advice on suitable meals. People told us they had access to drinks at all times and we saw staff offer drinks and snacks frequently throughout the day. We observed one staff offer people a choice of drinks and snacks and they were patient to enable the individual to make a choice.

People were supported to access a range of healthcare services when needed to promote their physical and mental health. People were registered with a GP who visited the home on a regular basis. The people we spoke with told us that staff supported them to see the GP when they were unwell. A staff member said the provider was in the process of arranging a dentist to do domiciliary visits for people who were unable to access the surgery. The provider provided transport to assist people to attend their medical appointments. Discussions with staff confirmed that people had access to a specialist nurse in relation to their health condition. The specialist nurse provided support and advice to people and staff about how to manage specific health conditions.

Is the service caring?

Our findings

People were provided with care by staff who were kind and compassionate. For example, we saw that a person appeared uncomfortable in their chair. A staff member approached them and offered to make them more comfortable. We heard a person express that they felt cold. A staff member immediately offered to get them a cardigan. We saw that care staff took the time to acknowledge people's presence and sat and chatted with them. One person was sat in their bedroom and they became agitated and staff were prompt to offer reassurance to assist them to calm down. We observed that another person required constant reassurance and staff remained patient and responded to them in caring manner.

People received care and support the way they liked because staff had asked them how they would like to be cared for. One person told us they were very happy living in the home and that staff looked after them well. Since our last inspection the provider had taken action to explore people's preferences about how they would like to be cared for. The manager and staff said that not everyone was able to tell them how they would like to be cared for. However, people were encouraged to be involved in discussions and where appropriate their relative would be asked to contribute. Staff told us they sat with people and asked them what support they required. We looked at one care record that was signed by the person to show they were involved in planning their care.

People's privacy and dignity was respected by staff. We spoke with two people who confirmed that staff did respect their privacy. One person told us, "Staff always knock on my door before they come in." Staff told us that when they assisted people with their personal care needs this was done in a private place. They told us that they ensured that curtains and doors were closed to maintain people's privacy. One staff member said they respected people's choice to whether they wanted a male or female staff to assist them. Another staff member said, "When I support people with their personal care needs I encourage them to do as much as they can for themselves to promote their independence and dignity." Staff told us about the importance of dressing people appropriately to maintain their dignity.

Is the service responsive?

Our findings

People were involved in the assessment of their care needs. Since our previous inspection the provider had taken action to encourage people to be involved in their assessment. People were unable to tell us about their involvement. However, staff told us that they tried to engage people in conversation about their support needs. They said that people's relatives were able to be involved in the assessment to inform staff of the individual's past history and preferences. People were supported to maintain their interests and hobbies. Since our last inspection the provider had taken measures to find out people's interests. One person told us they enjoyed watching the television and doing word search puzzles. We later saw a staff member had taken the time and sat with the person and helped them with their puzzle book. The provider had recruited an activity coordinator who told us they were in the process of finding out what people like to do. On the day of the inspection a number of people were supported by staff to go on a boat trip. A staff member told us that some people were not interested in getting involved in activities and their choice was respected. However, staff told us that people were always encouraged to partake in various pastimes. A staff member told us that one person did not like to get involved in activities but enjoyed chatting with staff. We saw that staff members often engaged the person in conversation and showed an interest in the person. The manager said that activities provided were more person centred led and people were supported to access their local community. They said people had more opportunities to participate in outdoor activities. For example, visiting a local air museum, shopping trips and visiting the local pub.

People were supported to maintain their independence and staff recognised the help each person required. For example, coloured plates were available for people living with dementia. This helped them to recognise the food on their plates. Plate guards, specially adapted cutlery and beakers supported people to eat and drink independently.

People were assured that staff would help them resolve any concerns they had. Discussions with the manager and staff confirmed that some people would be unable to tell them if they were unhappy. The manager and staff said that people's body language or the loss of appetite would indicate if people were unhappy. The manager said this would be explored further and action would be taken where necessary to improve the service. We saw that complaints had been recorded and showed what action the provider had taken to make things better. This demonstrated that concerns were taken seriously and acted on.

Is the service well-led?

Our findings

People received a better service because the provider had reviewed their governance. Since the last inspection the provider had taken action to ensure people received a safe and effective service. For example, medication practices were frequently audited. This enabled the provider to identify discrepancies and to address them immediately so people received their treatment as prescribed. The provider had reviewed the staffing levels and had taken action to ensure staff were deployed where needed so people were appropriately supported. At our previous inspection we had concerns about the hygiene standards within the home that placed people at risk of cross infection. The provider had taken measures to address this and staff told us that the manager carried out routine checks to ensure the environment was clean and safe for people to live in. One staff member said that there was huge improvement with the cleanliness of the home and this was more comfortable for people to live in. The regional manager said since the previous inspection they had taken the decision to stop further admissions to the home. This allowed them time to review care practices and to make improvements where needed.

The provider had recently appointed a manager who confirmed they were in the process of applying to register with the Care Quality Commission. The manager informed us that they were supported in their role by the regional manager. The regional manager said the manager would also be supported by a registered manager from another home within their organisation until they become familiar with their role. The regional manager and manager said they worked alongside the staff team to support them in their role and the staff we spoke with confirmed this. The regional manager said since the last inspection, "There is a good teamwork ethic." They said, "The culture and staff's mind set was positive." Staff told us that the management team were very supportive and this enabled them to provide a better service for people. A staff member said, "The new manager keeps us on our toes to make sure people's needs are met." Staff told us that since the last inspection they have had a new management team and the culture within the home was "Relaxed and like a family." Another staff member said, "The service we provide is more service user orientated." They told us that they now received more positive feedback from relatives and healthcare professionals about the quality of the service provided to people.

Two people told us they were able to have a say in how the home was run because they were involved in day to day discussions with staff and the manager. The manager said meetings were carried out with people and their relatives. We saw that discussions were held about the management of the home and changes that had taken place. Discussions had been held about the past inspection and people and their relatives had acknowledged the improvements made since the inspection. For example, it had been highlighted about the improvement regarding the cleanliness of the home. The provider had also introduced a newsletter that informed people and their relatives about the service provided at the home and future changes. The manager said that meetings were carried out with the staff team and the staff we spoke with confirmed this. One staff told us that these meetings were very productive and the manager did listen to them. They told us that they had discussions about equipment required to support people more safely. They said that the manager had taken action and a new stand aid and slings were now in place and wheelchairs had been serviced.