

Four Seasons (Bamford) Limited St Helens Care Home

Inspection report

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

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20 April 2017

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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

The inspection took place on 20 April 2017. The inspection was unannounced.

St Helens Care Home is based in a residential area of West Auckland, County Durham. The home provides personal care and nursing care for older people, people with acquired brain injury, physical disabilities, mental health and people living with dementia. The service is situated close to the local amenities and transport links. On the day of our inspection there were 36 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service in October 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

The atmosphere of the service was busy, but very welcoming. People who used the service and their relatives told us they felt at home and visitors were welcome and that the home was 'like one big family.'

Without exception we saw staff interacting with people in a person centred and caring way. We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness. We saw staff communicating with people well and at times use their skills positively to reassure people who used the service.

People were encouraged to enhance their wellbeing on a daily basis to take part in activities that were valued and this contributed positively to the busy atmosphere of the home. Staff spent their time positively engaging with people as a group and on a one to one basis in meaningful activities. People were supported to go out regularly too. Throughout the day we saw that people who used the service, relatives and staff were comfortable and had a positive rapport with the registered manager and also with each other.

People's care plans were written in plain English and in a person centred way and they also included a 'my choices' booklet that made use of, personal history and described individuals preferences and support needs. These were regularly reviewed and some had included family members in the process.

Care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care plans showed that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, dentist or optician.

People who used the service were supported on a one to one basis or by sufficient numbers of staff to meet

their individual needs and wishes in a person centred way.

Staff training records, showed staff were supported and able to maintain and develop their skills through training and development opportunities that were accessible at the service. The staff confirmed they attended a range of valuable learning opportunities.

Staff had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. Records that showed there were robust recruitment processes in place.

We observed how the service administered medicines. We looked at how records were kept and spoke with nursing staff who administered medicines and we found that the process was safe.

People were encouraged to eat and drink sufficient amounts to meet their needs. They were offered a varied selection of drinks and snacks. The daily menu was reflective of people's likes and dislikes and offered varied choices and it was not an issue if people wanted something different.

A complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments were complimentary to the care staff, management and the service as a whole. People also had their rights respected and access to advocacy services if needed.

We found an effective quality assurance survey took place regularly using an ipad and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues. People who used the service and their representatives were regularly asked at meetings for their views about the care and service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains safe.	Good ●
Is the service effective? This service remains effective.	Good ●
Is the service caring? This service remains caring.	Good ●
Is the service responsive? This service remains responsive.	Good ●
Is the service well-led? This service remains well led.	Good ●

St Helens Care 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 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 20 April 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one Adult Social Care inspector and one expert by experience that had a professional background in nursing across various areas including mental health.

At the inspection we spoke with seven people who used the service, four relatives, the registered manager, one member of nursing staff, four care staff, one member of kitchen staff and two activity co-coordinators. During the inspection we were unable to speak with any visiting professionals. However we spoke with an advocate who regularly visits the service via telephone following our visit.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and

interactions between staff and people who used the service.

We also reviewed records including; four staff recruitment files, five medicines records, safety certificates, four care plans and records, four staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings, newsletters and policies

Is the service safe?

Our findings

The people who used the service told us they felt safe and that there were enough staff to meet their needs safely. One person commented "I was a mess before I came here, now I have a warm bed, friends and it is a safe haven for me to be at peace." And another told us "Safety for me is to be sure I am not in danger whether its people or places, here I am safe."

Relatives told us they were reassured that their family member was safe living at St Helens care home. One relative told us "I cannot put a price on the way we feel as a family now that [Name] is here to stay, it's not about being safe in as much as [Name] is not in danger but it's about trust as well."

Staff interacted with people on a one to one basis and more depending on their required needs. Staff were available and helped people to take part in activities. Staff were not rushed and had time to talk with people and their relatives. People told us there were enough staff available to them. One person told us "Staff are never too busy to take time and have a chat. If we are down then they take even more time with us. We get so much love and attention it's beyond belief."

Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding. This showed that staff knew how to recognise and report abuse.

We saw from rotas that there was a consistent staff team and a low turnover of staff. The home had never used agency because there was sufficient staffing to provide cover arrangements within the existing staff team. The registered manager told us, "We have built up our own bank staff and never use agency staff - we don't need to. This way we can make sure the bank staff are trained and know everyone they are supporting."

Staff files showed the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management.

People's individual medicines records contained their photograph, allergy information, medicine information. We observed nursing staff administer medicines. They knew exactly how the person liked to take them and if they wanted juice or water for example. The nursing staff carefully explained what they were doing and asked the person's permission. Medicines administration records were completed when medicines were administered to people; we found they had been completed correctly.

Peoples care plans contained individualised risk assessments that were reviewed regularly and enabled people to take risks in their everyday life safely.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely.

We saw the most recent fire safety inspection report from the local fire authority and we saw that recommendations they had made had been addressed. People who used the service each had personal evacuation plans in place to be used in the event of a fire.

We looked around the home and found that all areas were clean and well presented. Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when serving food.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, people who used the service and their relatives felt that staff knew them and their care needs well. One person told us; "How can some carers get it right and others so wrong? Not here though, it is wonderful."

We found the premises to be well presented however we did bring it to the registered manager's attention that there were some mal-odours in the home and furnishings for example some carpets were in need of replacing and some chairs had stains on them. The registered manager assured us that these were in the process of being replaced and showed us evidence that chairs had been ordered and carpets were due to be preplaced.

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as social work team, dieticians, speech and language therapy and opticians. Evidence was also available to show people were supported to attend medical appointments.

Supervision and appraisals took place with staff regularly to enable them to review their practice. Supervision files showed staff were given the opportunity to raise any concerns and discuss personal development.

The training list showed the range of training opportunities taken up by the staff team to reflect the needs of the people who used the service. The courses included; pressure ulcer prevention, infection control, dementia care, equality and diversity and distress reaction.

Throughout the inspection we observed people being offered drinks and snacks. Drinks were also available in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal. We could see that if a person didn't want what was on the menu or even changed their mind, this wasn't a problem and other options could be arranged. One person who used the service told us; "The menu is great and I enjoy choosing just like restaurant." And another told us; "The food is always hot and tasty, just the right amount and the puddings are wonderful."

We saw people enjoying their lunch in both dining rooms. We could see that there were enough staff available to support people. People could have their lunch in their room if they wished. The atmosphere in the dining area was relaxed and not rushed. Staff told us; "People can chose where they want to have their meals, in the dining room, the lounge or their own room, it's up to them."

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. The application procedures for this in care homes and hospitals are 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 were being met. There were a number of people who used the service with a DoLS in place and these were applied for and monitored by the registered manager.

Where possible, people were asked to give their consent to care, before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals including advocates and mental health practitioners.

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were caring, supportive and professional at all times. One person told us "My care is what I always wanted and never thought I would get." And another said "I trust the carers here and all the staff-not said that before because I couldn't." One relative commented "The staff treat all the residents as one big family and it shows."

We spent time observing people throughout the inspection and there was a consistent relaxed, warm and homely atmosphere. Relatives told us they were always made to feel welcome. One relative commented "My relative is loved and it shows." Staff interacted with people in a positive, encouraging and caring way. We spent time observing the support that took place in the service. We saw that people were respected at all times by staff and treated with kindness.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining important relationships. People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit at any time. We saw relatives that visited regularly during our inspection.

We saw that one person was feeling anxious and wanting to see their family and the staff took time to reassure them and find out when their relatives would be visiting. They were able to calm the person down and explained that their relative was going to visit and that they would sit with them until they arrived. Staff respected people's dignity as they administered medicines. They knocked on peoples doors before entering and asked their permission before administering medicines and closed the door while carrying out the medicines.

People told us they appreciated the way in which both male and female staff handled personal care and support always checking if it was alright to do something a specific way. People told us the staff always closed the curtains and doors when personal care took place.

People who used the service had regular access to advocacy services and several were using them at the time of our inspection staff and the registered manager were knowledgeable and knew whom to contact if anyone needed advocacy and there were contact details on display throughout the home.

We were given examples of how people accessed advocacy and how they supported people. One person who used the service was being supported to move to another area where they used to live. We spoke with their advocate who told us that the service supported the process and also supported the person at meetings. This meant that the service respected people's rights.

Is the service responsive?

Our findings

The service had two activities co-ordinators and a mix of planned events, activities and ad hoc outings and activities depending on peoples preferences. During our inspection we saw that there was bingo, dominoes and music. One person who used the service told us "I like the pamper sessions and all the activities, it must take ages to organise."

People were involved in planning the activities and there were regular meetings for people to attend to voice their opinions and share ideas. A range of activities had taken place and were planned for people to choose from. People told us they were involved and one person said; "We do get asked what we would like to do and to be fair they try to see what we like and we get some of the ideas if it's not too expensive."

When we looked at the resident meeting records showed that activities were discussed and new ideas shared we also saw that people who used the service had recently requested a soft drinks vending machine and this was arranged within weeks of the request and was present at the time of our inspection.

Care plans contained two booklets a 'my journal' that focused on the person's interests and activities and a 'my choices' that detailed the person's likes and dislikes. These booklets gave an insight into the individual's personality, preferences and choices. People's histories were recorded and included documents that were easy to follow and also included photographs. One of the 'my journal booklets' had been completed by the person themselves expressing their wants and wishes.

People were supported to set goals and these were recorded within the 'my choices' booklets. People who used the service previously had been supported to move back into the community to supported living accommodation. One person was also planning to move back to their local community. Others had smaller goals planned to maintain regular access in the community. One person's 'my journal' stated "[Name] enjoyed going into the community to the local betting shop." And "[Name] has been listening to music and has picked out their horses out of the paper to put their bets on."

We asked care staff how they ensured they provided person centred approaches to supporting the people who used the service and one staff member told us "Person centred care at all times, we look after people not names on paper." And another told us "We provide a bespoke service and our manager supports that- this is why it happens."

People who used the service at times needed extra support to overcome anxiety and distress. The service had a positive approach to supporting people at these difficult times. We observed staff supporting people positively when they were displaying signs of distress and anxiety. When we spoke with staff one commented "We don't use any restraints, just 'talk downs' restraining is not our way of dealing with things." People who used the service and their relatives knew how to make a complaint or raise issues. Everyone we spoke with was aware of how to raise concerns or make a complaint if they needed to One relative told us "We know how to complain and we would speak with the manager first as they are always present in the home and a familiar face."

One complaint had been made about the service in the last twelve months. Information was available showed the complaint had been managed, resolved and recorded appropriately. We also saw the service had received several compliments and these were shared with staff members.

This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments. Where the service had received complaints we saw they had been addressed by the registered manager appropriately and outcomes were recorded.

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. People who used the service were complimentary about the registered manager and one person told us; "The manager is always visible and knows everyone's name."

We asked people's relatives for their views on the management of the service and one told us; "Resident and relative meetings happen regularly with the manager and are welcome by all-everything that crops up as an issue or an idea that is floated is acted upon and will be referred to at the next meeting. Participation is high and positive."

We spoke with the staff team and they gave positive feedback about the management of the service. One member of staff told us; "I work with an amazing team it's not work but a pleasure and we get paid as well." Another told us; "I have never before been somewhere and worked where each day I look forward to coming to work, that is priceless."

Regular team meetings and management meetings were organised by the registered manager to communicate with team members and these were well attended, recorded and valued by staff.

The registered manager ran a programme of audits throughout the service and these were carried out regularly. There were clear lines of accountability within the service and external management arrangements with the registered provider. Quality monitoring visits were also carried out by the registered provider and these visits included; staffing, health and safety and facilities. The registered manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the registered provider.

The registered manager showed how they adhered to company policy for risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

The most recent quality assurance survey results were available. These were collected regularly using an iPad that contained a short survey. The results contained positive feedback from people who used the service, visiting professionals, staff and relatives.

Policies, procedures and practice were regularly reviewed in light of changing legislation to inform good practice and provide advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

