GCH (St Stephens) Ltd

St Stephen's Care Home

Inspection report

St Stephens Terrace
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Website:

Date of inspection visit: 7 April 2015
Date of publication: 10/06/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection was unannounced and took place on 7 April 2015.

St Stephens Care Home is registered to provide accommodation and personal care for adults who for a maximum of 51 people. There were 36 people living at home on the day of the inspection. There was no manager in place and a deputy manager was in charge of the day to day running of the home. They were not available of the day of the inspection.

People told us they often waited for assistance as staff were busy and not always available to them. Staff also told us that felt busy and did not have time to spend with people. They also felt that the provider set the staffing levels without looking at people's needs.

People told us that they felt safe and free from the potential risk of abuse. Staff told us about how they kept people safe and were aware of their support needs. People received their medicines as prescribed and at the correct time.

Summary of findings

People told us they liked the staff and felt they knew how to look after them. Staff were provided with training which they told us reflected the needs of people who lived at the home.

Assessments of people's capacity to consent and records of decisions had not been completed in their best interests. The provider could not show how people gave their consent to care and treatment or how they made decisions in the person's best interests. Therefore, people had decisions made on their behalf without the relevant people being consulted.

People were supported to eat and drink enough to keep them healthy. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. People had not always been involved in the planning of their care due to their capacity to make decisions. However, some relatives felt they were involved in their family members care and were asked for their opinions and input.

People had not always been supported to maintain their hobbies and interests or live in an environment that supported their needs. People and relatives felt that staff were approachable and listen to their requests in the care of their family member

The provider and deputy manager had made regular checks to monitor the quality of the care that people received and look at where improvements may be needed. These had not looked at the staffing levels at the home or how people's consent had been sought and recorded. The staff team were approachable and visible within the home which people and relatives liked.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe.

People were not supported by sufficient numbers of staff to meet their care and welfare needs. People felt safe and looked after by staff. People's risk had been considered and had received their medicines where needed.

Requires improvement

Is the service effective?
The service was not consistently effective.

People's consent and right to freedom had not always been obtained and recorded correctly. People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Requires improvement

Is the service caring?
The service was not consistently caring.

People had not always received care that met their needs. When staff were able to provide care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Requires improvement

Is the service responsive?
The service was not consistently responsive.

People had not always been supported to make everyday choices and were not engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff.

Requires improvement

Is the service well-led?
The service was not consistently well-led.

There was no registered manager in post. The deputy manager and provider had monitored the quality of care provided. Improvements were needed to ensure effective procedures were in place to identify areas of concern.

People, their relatives and staff were complimentary about the overall service and had their views listened to.

Requires improvement

St Stephen's 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 unannounced inspection took place on 7 April 2015. Two inspectors carried out the inspection. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with 11 people who lived at the home and two relatives. We spoke with nine staff, one cook and a senior manager. 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.

We looked at four records about people's care, complaint files, falls and incidents reports and checks completed by the provider.

Requires improvement

Is the service safe?

Our findings

People told us and we saw that staff had not always been able to meet their care needs straight away. One person commented that they “Liked to sit by the door” in the lounge Because they could then “Call staff as they went passed”. However they told us “You still have to wait for the toilet”. People told us they often waited for assistance when they required person care. A call bell facility was available however many people had not been able to access this as they were not able to get up from their seat without staff support. One person said, "Staff are there when you need them, but they don’t have time to sit and talk or take us out". Another person said, “The staff are delightful, they go to great effort to ensure everything is right, but there is not enough of them”.

During our observations in two of the lounges we saw that staff did not have time to sit and chat with people or ask if people needed support. On more than one occasion one person repeatedly asked another person to be quiet, but staff were not available to support them to resolve the conflict. One staff member who did walk into the room took no action to support them. People therefore experienced negative attention from other people living at the home as staff were not always available when needed.

Staff told us they often felt mealtimes were “Not a calm atmosphere”. We noted that during mealtimes staff were able to support people that they knew required one to one support. When other people required assistance as needed it was provided, however that meant others then had to wait for their meals to be served. During the evening meal we noted that people were brought into the dining room 20 minutes before their meal was served. Therefore people became distracted and left the table and staff spent time encouraging people back to the dining room.

Staff told us there was usually enough staff available to provide care, but “felt rushed” and not able to do social things such as sitting and talking. The staff we spoke with said they worked as a team when there were shifts to cover if staff were ill or on leave. They told us staffing levels had recently been reduced by the provider. They understood this was due to the reduced number of people using the service but the dependency of the people they supported was increasing. They said this meant that they were no longer able to take people out without a great deal of planning as there were not enough staff on duty to do “anything spontaneously”. Staff also felt that whilst they knew people’s risks and the support needed to minimize them, people who required two staff to meet their needs meant other people risks in the home could not always be managed due the number of staff left on the floor.

When we spoke to the most senior person on the inspection they told us that the staffing was based on a ratio of one staff to six people. The levels of staff would only change if the number of the people living at the home changed and not the needs of people living at the home. People’s moving and handling needs had been assessed, but the information had not been used to ensure that the enough suitably trained staff were always available. We were also told this information was not requested by the provider for consideration as to the numbers of staff required to support the service.

This showed that the provider was in breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing.

People were comfortable with the staff and looked to them for reassurance and support. Staff told us they could speak with their line manager or senior care staff about concerns over people’s well-being. They were able to tell us the action they would take if they were concerned about a person’s welfare. For example, if they saw something of concern they would make the person safe before reporting the incident. Staff told us and we saw that the provider’s policy on safeguarding people was kept in the office and they would refer to it if needed.

People were able to tell us about their risk in relation to walking with aids or staff assistance. People had not been involved in reviewing their risk and this had been done on a monthly basis by care staff. Staff we spoke told us about other risks such as people leaving the home without their knowledge and that others required frequent observation to ensure they and others stayed safe.

People we spoke with told us that staff looked after their medicines for them and they were happy with this. They told us they got their medicines at the same time every day. One person told us about the medicines they took and what they were for. Staff that provided people with their medicines were able to talk them about what they were and why they needed to take them.

People’s medicines were up to date and had been recorded when they had received them. Where people required pain

Requires improvement

Is the service safe?

relief 'when needed' we saw that staff talked with people about their pain levels and if they wanted medicines. We spoke with staff on duty that administered medicines. They told us about people's medicines and how they ensured that people received their medicines when they needed them. Medicines were also reviewed when needed to ensure that the correct dosage was given or to monitor the benefits or side effects for the person. The staff checked the stocks of medicines and ensured that they were stored and disposed of correctly.

Requires improvement

Is the service effective?

Our findings

People who lived at the home had not been supported by staff that always knew when a capacity assessment would be needed. The senior care staff could not tell us who had a power of attorney in place. This is someone who has the legal authority to make a decision on their behalf about their finances, care and welfare. This meant that where relatives had provided consent on behalf of their family member the provider had not ensured they had the legal authority to do so.

The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. A senior care staff told us that they had been asked to submit two DoLS applications following a visit by their local authority and family. They had also submitted two other applications as people had made it clear they had wanted to leave. However, staff had not assessed if other people had the capacity to choose to remain in the home or if someone was being restricted of their liberty. For example, staff were not able to support a person to leave the home when they requested and were unable to confirm if the person had capacity to make the decision to leave the home. This person's capacity had not been assessed. Staff told the person they would possibly take them out the next day. We spoke to the most senior person present who agreed that further support would provide a more positive outcome. In addition, staff told us that they would always accompany any person that lived at the home if they left the home to ensure their safety.

This showed that the provider was in breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014 Consent to Care.

People we spoke with felt that staff listened to them and allowed them to make choices. For example, if they wanted to stay in bed in the mornings or choosing their clothes. All staff we spoke with told us they were aware of a person's right to choose or refuse care. They told us they would refer any issues about people's day to day care needs to the deputy manager or senior care staff on duty. We saw staff seeking people's consent before they assisted them with the needs during the day.

Where people received support and guidance from staff they had their needs met. Care staff demonstrated that they had been able to understand people's individual care needs but had not always been able to respond when requested. The staff we spoke with told us the training provided was of "a high standard" and "effective" in looking after and understanding the needs of people who lived at the home. For example, a recent course helped staff with understanding dementia related illness and its effects. Staff told us they were supported with supervision and this provided them with an opportunity to discuss any further training needs.

People received meals that they enjoyed and were provided with choice at meal times. Staff ensured that people were shown the available meal options on the plate so they were able to make a choice. People we spoke with told us they were happy with the food and drink provided. One person said, "The food is well cooked". The chef used people's preferences to plan meals and ensure people got the food they enjoyed.

People nutritional needs had been looked at to ensure they received food and drink that met the needs or a specialist diet. For example, people received a soft diet or were supported to eat their meal.

People were able to access health, social and medical support when they needed it. One person we spoke to said, "A doctor visits here regularly and keeps an eye on me". We saw that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example, people received support from district nurses to help manage their condition. One healthcare professional we spoke with felt there was a good relationship with the provider and care staff followed any health care advice they gave.

Requires improvement

Is the service caring?

Our findings

We saw that sometimes there were delays for people in getting their care needs met. This was because there were not always enough staff available at the right time to support people. People told us they had to wait to receive their care but staff were "cheerful". People told us they liked living at the home and were treated with "kindness". One person said, "This is where I want to be". We observed that people responded to staff by smiling, talking and laughing with them. One member of staff was singing whilst clearing the dining room and some people joined in and sang along.

Staff supported people in a caring way and staff spoke warmly about the people they support. Staff told us that over time they got to know more about the people and that "They all have interesting backgrounds". Staff told us were appropriate any new information was shared with their colleagues. Care plans we looked at showed people's likes, dislikes, life history and their daily routine.

People told us they were confident to approach staff for support or requests. We saw that staff ensured people agreed to a request. For example, asking if a person needed help with their meal or where they would like to take their medicine. People told us that they had been involved in planning their care. However, where staff had reviewed care plans, they had not showed how people or their families views had been considered.

People were respected by staff that were respectful when speaking with them. They made sure the person knew they were engaging with them and were patient with people's communication styles. Staff also understood people's needs and the support they needed, whilst providing an explanation of the support required.

All staff we spoke with told us about the care they had provided to people and their individual health needs. Staff members told us about how they discussed people's needs when the shift changes in the staff handover to share information between the teams.

People were supported in promoting their dignity and independence. People's room were treated as their own space and staff always knocked and asked permission before going in. People chose where their spent their time and they told us they had a "preferred chair" or room. The garden area was also made available and was being used on the day. People were happy to sit outside and enjoy the sunshine.

Requires improvement

Is the service responsive?

Our findings

People told us that the staff knew them and their needs. People were supported to be involved in their care by a "key worker". This was a care staff that worked closely with a person and got to know them well. We saw that this had a positive effect on one person and they told us "I know [staff name] well and I am very comfortable with [staff name]".

Staff told us that people were treated as individuals. The staff were seen to be courteous and kind, but focussed on the care task due to the number of people that required assistance. People felt they had maintained relationships with their families and that they could visit "at any time". They also said that staff were friendly to their visitors and made them feel welcomed.

We saw some people were helped to be involved in things they liked to do during the day and had been provided with newspapers and magazines. A small number of people were enjoying an art group activity in the morning run by the activity staff. Staff knew about people's individual hobbies and interests, but told that had not always been able to look at activities that some people would enjoy. Due to the limited time, staff were unable to engage with other people in social discussions or support request for walks out of the home which people told us they liked to do.

The three care plans we looked at contained information that looked at the care and support required to keep them healthy. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. Relatives told us they were aware of the care plans and the care and treatment needed of their family member.

People told us about the meetings they had every other month, which included relatives. They told us that the provider "Listened to what we have to say", although they had raised concerns about the number of staff available no changes had been made. They were also happy to raise issues or concerns with staff. Relatives said that were comfortable to raise any concern the "person in charge or the organisation" and that staff went to "great effort to ensure things were right".

Staff we spoke with told us they were happy to raise concerns on people's behalf. They also told they raised issues with equipment in the home. However, they felt that replacement or repairs to equipment could "take many weeks to get repaired". Staff told us this meant that they had on occasion spent extra time on tasks, which took them away from providing care for people. One example they gave related to the dishwasher not working for many weeks.

Where the provider had received complaints from relatives these had been recorded and responded to. Where needed further investigations had been undertaken and action taken to reduce the risk of a repeat incident.

Requires improvement

Is the service well-led?

Our findings

The registered provider must ensure that an individual is registered as a manager with CQC for all locations. The provider did not have a registered manager in post at the time of the inspection. There was a deputy manager in charge for the day to day running of the home, but they had not been available on the day of inspection. The provider will need to take steps to ensure that a registered manager is appointed and that they submit an application to be registered.

Staff told us that the deputy manager was "doing a good job in keeping the team together". They were confident in the way the home was currently managed following the previous manager leaving in November 2014. We were shown recent compliments that relatives had sent regarding the care and treatment that had been provided. Staff told us they welcomed direct feedback and we saw that relatives were happy to speak with them about their family member.

The provider completed monthly checks of the home. Any gaps identified from these checks were recorded and discussed with the deputy manager. These checks involved discussion with people at the home, a review of people's care plans and staff recruitment. For example, they had recommended the use of memory boxes and signage required improvement.

Whilst we saw that these checks were in place they did not show how the provider had ensured that staffing levels met the needs of people living at the home. Staff told us that as the numbers of people at the home had dropped so had the number of staff. They felt this did not allow people's needs to be met. In addition, the way in which the provider had assessed and revised people's capacity for decision making had not been identified as an area for improvement.

Staff were open in their discussion about the home. They were clear that they were expected to provide "The best possible support" and they felt they worked hard to achieve this. Senior staff led each shift. Information was shared with staff so they clear about their duties and where people required additional care due to changes in their health. Care staff told us they would report any poor practice they saw and felt they were listened to and respected by the management team.

The provider and deputy manager monitored the incidents, accidents and falls on monthly basis. They looked to see if there were any risks or patterns to people that could be prevented. For example, the use of addition equipment to help reduce the risk of an incident happening again.

The deputy manager and senior staff had sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and the local authority to ensure that people received the care and support that had been recommended. The provider told us that the deputy manager was supported by them which ensured their knowledge was kept up-to-date and expectations were met. The provider had internal quality teams and nominated people to ensure that any improvements, professional advice and best practice guidance was fed into each of their homes. However, these had not identified the areas we found that required improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **People who use services were not supported by sufficient numbers of staff as the provider had not assessed their needs. Regulation 18 (1).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **People who use services consent had not always been assessed or considered . Regulation 11 (1)(3).**