

Care UK Community Partnerships Ltd

St Vincents House

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

About the service

St Vincent's House is a care home which provides personal care and nursing care to up to 91 older people and people living with dementia. At the time of our inspection there were 82 people using the service.

People's experience of using this service

People told us they were treated well and with respect by staff. People's likes and life story work was documented and people interacted positively with pet birds, dolls and toy animals.

Staffing levels had increased following our last inspection. People told us that sometimes they had less positive experiences with agency staff, and the provider was working to reduce their usage. There was a new electronic system which helped the service to manage medicines safely. Risks to people were assessed and managed effectively. The service reviewed incidents and accidents to learn from these.

Staff received the right training and supervision to carry out their roles. There were new kitchen facilities, a new catering team and menu. People received the right support to eat and drink well. People had access to appetising meal options and well-presented specialist options. People received appropriate input from health services and support to maintain oral health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were measures in place to ensure a safe environment. Aspects of the service were adapted to meet the needs of people with dementia but in some areas this could improve; for example using more high contrast materials. We have made a recommendation about this. The overall environment was more homely and relaxed.

People and their families were involved in planning and reviewing their care. This included supporting people to make plans for the end of their lives. People were encouraged to take part in the activities programme.

The provider and registered manager had a clear vision on how to improve the service and there had been substantial investment in new facilities and activities. The service worked with people and their families and the local authorities to deliver an effective improvement plan. A family member told us "A lot of changes were made, I have been more contented than I have ever been."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 20 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Vincents House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, an inspection manager and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Vincent's House 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.

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

Notice of inspection

This inspection was unannounced. This included unannounced checks in the early morning on the first day of the inspection.

What we did before the inspection

We reviewed information we held about the service, including notifications of serious events the provider is required to tell us about. We spoke with quality monitoring officers from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We made observations on all floors of the building throughout the day, including the early morning. We spoke with 19 people who used the service and 10 relatives of people who used the service. We spoke with three nurses and four healthcare assistants and other members of staff, including the registered manager, regional director and activities co-ordinator. We looked at records of care and support for 12 people who used the service and records of recruitment and supervision for seven staff members. We looked at the operation of the electronic medicines recording system across the service. We looked at records relating to the management of the service, including team meetings, complaints, rota, call bell records and engagement with people and their family members.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure there were enough staff on duty to meet people's needs. This was a breach of regulation 18(Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

Staffing and recruitment

- There were enough staff to safely meet people's needs. The provider had reviewed staffing arrangements and added additional floating staff roles based on people's needs. Comments included, "The staff are not tumbling over each other but they are OK", "The staff have enough time to look after me" and "There is usually enough staff, difficult when they have agency."
- The provider was working to reduce the use of agency staff. Staffing rotas showed that this was reducing but had increased in December as more staff took leave. The provider told us they expected this to reduce in the new year.
- The provider followed safer recruitment processes. The provider carried out appropriate pre-employment checks to ensure staff were suitable for their roles.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. Comments from people included "You have a feeling of being safe here", "I don't feel in any way scared" and "I feel safe in here 24/7. If I didn't feel safe I wouldn't be here."
- Staff understood how to safeguard people from abuse. Staff received training in safeguarding adults. Staff members we spoke with understood how to recognise and report the signs of abuse.
- Procedures were operated to safeguard people from abuse. The provider reported possible abuse to the local authority and worked with relevant bodies to safeguard people and investigate allegations.

Assessing risk, safety monitoring and management

- The service assessed risks to people's wellbeing. This included specific risk assessments when people were at risk of choking, falling or developing pressure sores and whether there were risks from the environment, including bed rails. There were plans in place to ensure people were moved safely and staff received training in this; equipment was checked regularly to check it was in good working order.
- Measures were in place to manage risks to people. Staff identified people who were at risk of falling and the service monitored when people had falls and whether control measures were in place or needed. There was a dedicated member of staff who carried out additional checks on people at risk of falling. Staff followed risk management plans to protect people from pressure sores.
- People told us that staff came quickly when they used their call bells, but that response times could be slower when staff were busy. The provider had installed a new call bell system and now audited records to

check there had been a prompt response.

- The premises were kept safe. There were appropriate checks of safety issues such as water temperature, gas and electrical safety and fire equipment and a regular health and safety audit. The service had an up to date fire safety risk assessment, and people had personal evacuation plans in place to follow in the event of an emergency. There were measures in place to prevent rodent infestation.

Using medicines safely

- Medicines were managed safely. The provider had implemented a new electronic medicines management system which covered the ordering, checking in and administration of medicines. The system provided real-time information to managers and could highlight when medicines had been missed or given late. The system demonstrated that medicines were managed effectively.
- Staff knew how to give medicines safely. Nursing staff attended regular medicines administration training and demonstrated a knowledge of how to avoid medicines errors, including wearing "do not disturb" tabards when administering medicines.
- Medicines were stored safely. Medicines were checked against pharmacy orders on arrival by two staff members. The service checked that medicines were stored securely and at the appropriate temperature. There were appropriate checks of controlled drugs.

Preventing and controlling infection

- People were protected from cross infection. Staff were trained in infection control and had access to appropriate personal protective equipment. The service was kept clean throughout and was free from odours.
- People were protected from poor food hygiene. Staff received training in food hygiene and handling. We observed food to be stored appropriately in fridges and freezers and staff checked storage temperatures.
- The provider took appropriate action to contain outbreaks of illness. Where there had been several occurrences of a possible infectious disease the service notified the appropriate authorities and put a plan in place to contain this.

Learning lessons when things go wrong

- Incidents and accidents were monitored. When incidents had taken place the provider obtained evidence of what had taken place and what actions had been taken to prevent a recurrence. These were signed off by a senior manager.
- The provider reviewed incidents and looked for trends. This included reviewing when falls had occurred and whether risk management controls had been effective. Changes in people's needs, including falls, were discussed in regular clinical governance meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good . At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service assessed people's needs before they started to use the service. These were comprehensive in their scope and covered a range of needs and preferences. There were also individual, detailed assessments of needs covering key areas such as continence, sleeping and nutrition. A family member told us "The person who did the assessments was very supportive. I was very emotional and they reassured me I was making the right decision. I felt very supported."
- The service had assessed people's needs relating to oral health. This included assessing whether people had their own teeth, the support they required to maintain teeth and dentures and the condition of the person's mouth.

Staff support: induction, training, skills and experience

- Staff received a detailed induction when they joined the service. This included attending a range of training, both face to face and electronic, and completing a work book to demonstrate their knowledge and understanding. In many cases staff were taking longer than planned to complete these, but the provider had scheduled meetings to discuss this with staff members.
- Staff received enough training to carry out their roles safely and effectively. People told us that staff had the right knowledge and skills, but sometimes this was not the case for agency workers. The provider had assessed the mandatory training required for staff roles and arranged for this to take place, including training in understanding the needs of people living with dementia. The service monitored staff training and arranged refresher training as required. Nurses attended workshops on clinical skills. Comments from people included "The staff know what they are doing" and "I can say hand on heart that I could not fault a person here from reception to up here."
- Staff received supervision, but in many cases this was lower than the provider's targets. Staff had received less frequent supervisions at the start of the year, but this had improved in recent months. Staff told us that they also received group supervision. A staff member told us "They are useful to reflect on things and discuss what could be done better."

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

- People received the right support to eat and drink. People's dietary needs were assessed and staff followed guidance when supporting people. Meals were served promptly in communal areas and in people's rooms. We observed staff supporting people with their food attentively and positively.
- The provider had invested in providing a range of food and drink options. The service had a new kitchen area and a catering team. There was a broad menu of meal choices and pureed food was served in a manner which was appetising and in line with best practice. All food, including fresh bread and pastries

were now prepared on site, whereas previously food had been cooked offsite and reheated. The new kitchen had opened the previous day but people were positive about the changes. Comments included, "Yesterday was the first day of the new kitchen, it was really good" and "The new food looks very nice to me."

- People were protected against dehydration and malnutrition. People had access to hot and cold drinks, smoothies and liquid snacks. Staff monitored people's fluid intake and this was checked by senior staff, with action taken if people were not drinking enough. There was regular monitoring of people's weights and malnutrition risk assessments.

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

- The provider worked with other agencies to help people get better care. Where people required specialist healthcare advice staff made referrals to other services and followed these up as required. Staff included advice from professionals in people's care plans.

- The service worked closely with their local GP, who visited the service regularly. A family member told us "The GP from the local surgery is brilliant"

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

- Aspects of the service were adapted to help people orientate themselves around this building. This included memory boxes located next to people's rooms and use of decorative features to help distinguish different floors and areas of the building. There was appropriate and clear signage in areas of the building used by people living with dementia.

- Some aspects of the service were not fully adapted for people living with dementia. For example, there was limited use of high contrast table settings and equipment which may help people to eat.

We recommend the provider take and implement advice from a reputable source on providing a fully dementia friendly environment.

- Communal areas were designed to provide a relaxed, comfortable environment. There was a café on the ground floor and a quiet area where people could sit. Dining rooms were well laid out and staff ensured that noise levels were not intrusive.

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

- People were supported to access healthcare services and improve their overall health. People's needs relating to health conditions were recorded and there were plans in place to address these. Staff arranged for prompt medical intervention when people were unwell. Relatives gave us examples of how the service had worked to prevent unnecessary hospital admissions. A relative told us "[my family member's] general health is so much better.

- People received support to maintain oral health. The provider was implementing oral health care plans, although these were not yet in place for everyone. People we spoke with had access to toothbrushes and toothpaste and told us they received the right support to look after their teeth.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- The provider was working in line with the MCA. Where there were doubts about people's ability to make decisions for themselves the provider carried out mental capacity assessments in line with best practice. Where people lacked capacity the service had followed appropriate processes to make decisions in people's best interests, and had documented these.
- People were protected from undue restriction of their freedoms. Where there was a risk that people's movements were restricted, the service followed DoLS procedures to assess people's capacity and make applications on the local authority to deprive people of their liberty. The registered manager maintained an audit of these to ensure that correct procedures were followed.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their families told us people were treated well. Comments included "They're all very kind. The maintenance men and cleaners all chat with [my relative] too." , "It's a very good place, the [staff] they're lovely" and "Seeing that [my family member] is happy and content makes me happy. The staff don't just do the physical care, they look after the whole person." Visitors were always allowed and people told us there were no restrictions on when they had visitors.
- People told us sometimes agency staff were less helpful. Comments included "It's difficult when they have agency" , "People with dementia need to see familiar faces and there's been a lot of agency staff" and "They're nice but you get so tired of having to tell them how do things." The provider told us they were recruiting more permanent staff and expected use of agency staff to decrease.
- People's cultural needs were met. The service identified people's needs relating to religion and culture. People had access to religious services, including visits from clergy, and to suitable prayer spaces.
- Care plans were personalised. There was a lot of information on people's likes and preferences for their care as well as details about their lives, family and friends. The provider was carrying out life story work with people and were compiling books with information about their past, present and future wishes. This encouraged people to reminisce about their past and the provider told us that this information would be used to plan activities.
- People were able to express their nurturing sides. The service had purchased several lifelike dolls in vintage cots and prams, and people formed bonds with these and enjoyed taking care of these. There were pet birds and robotic animals, which people enjoyed interacting. The registered manager spoke of the need to purchase dolls representing different races and different types of robotic animals to better meet the needs of people who used the service .

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

- People were involved in planning their care. Care plans were discussed with people and their families. The service had introduced a resident of the day scheme, whereby a person on each floor had every aspect of their care reviewed with the involvement of the person. This included speaking with representatives of the lifestyle team, housekeeping and catering.
- Staff knew how best to communicate with people. People's care plans contained information on what approaches worked best with people and what could upset and irritate people. There was clear information on how best to respond if people became upset.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect by staff. Comments included "The staff treat me with respect, they always knock at the door", "They treat you with respect and dignity" and "They always respect my privacy." We saw examples of staff knocking on people's doors, and respecting their rights to keep their doors closed, including when relatives visited.
- People's independence was respected. People told us they were able to carry out aspects of their care for themselves when they were able to.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement . At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

- Care was planned to meet people's needs. People had a range of care plans covering different aspects of their care. These contained personalised information on people's preferences for their care. People had one page profiles which contained key information about the person, rather than their care needs. Comments included "The permanent staff know what I need well", and "They know me and what I like."
- Plans were kept up to date. People's plans were reviewed regularly with their involvement, and were also reviewed as people's needs changed. A family member told us "They will call us up to discuss the care plan and discuss any changes. They keep us informed of what's going on, they tell us the important bits."
- Records showed that care was delivered in line with people's plans. This included carrying out welfare checks at regular intervals based on the person's needs. Comments from family members included, "I think they take more care, they check in on them a lot more." "They're busy but they always give the care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in accessible formats. Care plans were electronic and could be provided in high contrast and large print formats. Key information such as one-page profiles and life story work were available with pictures and were easier to read. Assessments were not structured in a way which would easily flag up when people had a need for alternative formats, but the provider told us this was discussed at the time of the assessment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their families were positive about the social aspects of the service. A person using the service told us "I was at an entertainment last night, a girl was performing. It was very good. I was a bit tearful before and I didn't want to go, but that lady persuaded me and I cheered up." Comments from family members included "From the first week [my family member came here] she was socialising with people and being out of bed. She was less confused" and "There's lots of opportunities to do things. It's very social. There's always engagement from the staff with people. For me that's the big thing."
- The service had an activities programme with several events per day. Events were advertised in timetables and in the daily news sheet. These included exercise and music based activities, movie nights and reminiscence sessions. There were also seasonal events, including Christmas parties for each floor and a

carol concerts. People also had the option to have individual activities in their room if they chose not to engage in group activities.

- The provider had further plans to develop the activities programme. This included using the new kitchen facilities and equipment to include people in activities based around food such as baking and jam making.

Improving care quality in response to complaints or concerns

- The service had a procedure to address complaints. When people had complained these had been addressed under the procedure, and investigated by the registered manager. Managers had apologised when standards had not been met and had taken action in response.

- People knew how to make a complaint. Comments included "I've not had anything I'm not happy about" and "I've never had to complain." We spoke with a person who had raised concerns and spoke positively about the manager's response.

End of life care and support

- People had the opportunity to plan for their care at the end of their lives. People told us they had the opportunity to discuss their wishes and we saw evidence of discussions with people form part of their end of life care plans. The service also planned appropriately when people had declined these discussions. A person told us "My preferences were discussed beautifully."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to maintain accurate records of the care people had received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our previous inspection we found that records pertaining to care were not correctly completed and sometimes were altered after the event. At this inspection we found the standard of record keeping had greatly improved. Records of day to day care were complete and were routinely signed off by a senior member of staff.
- After a lengthy period of having interim managers, the service now had a permanent, registered manager. The registered manager had a clear sense of her priorities and what needed to improve in the service and told us "I have only been in post for nine months and there is a lot more I want to do."
- There were systems in place to monitor the performance of the service. The registered manager followed a detailed annual schedule of audits to address many aspects of the service's performance, including the environment of the home and people's mealtime experiences. The service drew up action plans to address the finding of the audits. Care planning and risk management systems were well developed and used correctly.

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

- There were systems in place for promoting an open culture. Clinical governance meetings were held weekly and were used to discuss changes in people's needs and to hold focussed discussions on key areas of care managers wished to address. There was a review of recent incidents or events that had occurred with a discussion of what lessons had been learned as a result.
- There were daily sessions to handover key information for staff. This included a briefing for senior members of staff every day at 11am and a handover between staff on each unit. There were procedures in place for handing over information, but sometimes documentation was not fully completed. The registered manager and staff agreed that team meetings were not always effective and well attended, and there was now a move towards having meetings for individual units. There were regular meetings of key staff groups such as lifestyle and maintenance.

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

- The service engaged with people using the service and their families. There was a weekly forum for people who used the service. The provider held regular meetings with family members and carried out a yearly survey asking for people's views on what the service did well and what needed to improve. The provider took action based on people's views, for example increasing the rate of room cleaning and checks and changing catering arrangements.
- People and their families were positive about the management of the service. Comments included, "This manager is amazing. She listens. She's stern. She won't pacify you" and "The manager comes and says good morning."

Continuous learning and improving care; Working in partnership with others

- The provider had invested substantially in improving the service. This included new systems for call bells, care planning and medication, new equipment for activities and new catering equipment. Senior members of staff from the provider had been involved in implementing these systems and monitoring improvements. People spoke of a clear improvement in the service. A family member told us, "It's not 100%, but compared with last year I can honestly say I've been fine." A staff member told us "They changed a lot for residents, the food looks really good and people are pleased."
- The service had worked with the local authority and the NHS to improve the service. There had been a service improvement plan agreed with all stakeholders and regular meetings to monitor its implementation. The local authority told us they were satisfied with its progress.