

Community Integrated Care St Patricks Care Home

Inspection report

Crow Wood Lane
Widnes,
WA8 3PN
Tel: 01514953593
Website: www.c-i-c.co.uk

Date of inspection visit: 5. 6. 24 March 2015
Date of publication: 11/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 5, 6 and 24 March 2015 and was unannounced.

St. Patricks is a purpose built building and supports up to 40 people diagnosed with dementia and nursing care. St Patricks is run by Community Integrated Care (CIC). The service is provided within two separate units. Ashley unit and the Maguire unit are for people who are living with dementia and some people have behaviours that challenge. Each unit has its own lounge, dining room and utility kitchen. All bedrooms are single with en-suite toilet facilities. There is a large accessible car park provided for visitors.

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

At our last inspection 17 October 2014 the service was not meeting two regulations, in regard to the management

Summary of findings

and maintenance of the building and in regard to the dignity and care to people living at St Patrick's. We have received updated action plans from the provider stating what actions have been taken to improve these issues.

People living at the home, relatives and staff were positive about some aspects of the home and had noticed various improvements to the cleanliness and the redecoration of the environment.

Staff supported people living with dementia, however there was limited evidence in the development of the environment for people with specific needs affected by their condition. **We have made a recommendation about the development of the environment to meet the specialised needs of people with dementia.**

Relatives and people living at the home were happy with the overall behaviours and standards of care provided by staff. We observed how staff spoke and interacted with people and found that they were supported with dignity and respect.

We found that senior staff had a good understanding of supporting people when they lacked capacity, including the requirements of the Deprivation of Liberty Safeguards. Staff took appropriate actions to fully support people who lacked capacity to make their own decisions.

We found care plans contained guidance to enable staff to know how to support each person's needs. Both staff and relatives felt that the activities needed further development and they wanted to see a lot more access to social support. Further development of each person's

care plans incorporating their social support and aspirations would help to give better evidence of more individualised care that met people's social needs and requests. **We have made a recommendation about the planning and organising of individualised social support and care records that meets people's personalised needs.**

We noted the service had a complaints procedure. Relatives and people living at the home were confident that they could raise their opinions and discuss any issues with senior staff.

The service operated safe staff recruitment and ensured that staff employed were suitable to work with vulnerable people. Appropriate pre-employment checks were being carried out and application forms were robust to enable the management of the home to have adequate information before employing staff.

Staff had started to receive formal supervision to assist them in their job roles and in their personal development. Some training records needed updating to ensure that staff were up to date in all aspects of training needed for their role including new staff. We have made a recommendation that the training records for staff are updated.

Various audits at St Patricks were carried out on a regular basis by the registered manager and registered provider. This helped to ensure that appropriate standards were in place. These audits showed regular quality checks to show improvements to the standards of care and to the environment.

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 safe.

Relatives and people living at the home were happy with the staff team although relatives told us they were unsure how many staff they should expect to see on duty each day and they felt they needed more staff.

Staff were clear about the process to follow if they had any concerns in relation to managing safeguarding and keeping people safe.

A thorough recruitment procedure was in place which ensured that appropriate staff were employed and available to keep people safe.

Good



Is the service effective?

The service required improvement

We found that all but one senior members of the staff team were well trained and knowledgeable in their understanding of supporting people when they lacked capacity to make informed decisions, including the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Some training records needed updating to ensure that staff were up to date in all aspects of training needed for their role including new staff.

Staff felt supported and received regular formal supervision to assist them in their job roles and in their personal development.

People's nutritional needs were met. However we received mixed opinions about the standard of meals on offer to people living at St Patricks. Improvements were needed in the planning of meal times to ensure people had a more person centred approach in enjoying their dining experience.

People's health needs were managed well by staff who co-ordinated appointments and visits across a range of visits from healthcare professionals, such as GPs, hospital visits and care managers.

There was limited evidence regarding the development of the environment for people with specific needs of people living with dementia.

Requires improvement



Is the service caring?

The service was caring.

People living at the home were happy with the staff supporting them and we could see how they reacted positively to staff providing their support. Family members felt their relatives were supported well by staff.

We saw that people were treated with respect and dignity by the staff at the service. Staff were aware of individual's needs and how they liked to be cared for.

Good



Summary of findings

Is the service responsive?

The service was responsive.

Staff were knowledgeable about people's changing needs and responded well in contacting the necessary clinical support when needed.

Complaints policies were displayed and people were confident in raising their concerns.

The service provided a limited number of activities for people to take part in. However relatives felt the service needed to provide more activities and social support. Staff needed support in identifying and providing person centred care especially with social activities and meal times.

Good



Is the service well-led?

The service was well led.

People living at the home, relatives and staff said that they felt the senior staff and registered manager were approachable and would listen to them.

The service had procedures in place to monitor and improve the quality of the service and actions were taken to address any issues that were found.

Good



St Patricks 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 the 5, 6 and 24 March 2015 and was unannounced.

The inspection team consisted of a lead adult social care inspector, a specialist advisor who was a clinical expert in regard to the Mental Capacity Act and two experts by experience who had previous experience with care homes. (Experts work for voluntary organisations and have direct experiences of the services we regulate.)

During day one of our visit the registered manager suspected an infection risk and as such we were unable to enter one of the units. Our experts by experience were unable to meet people due to this risk and carried out telephone interviews with relatives to try to gain people's views about the service. We spoke with a variety of people including: Three people living at the home; 14 relatives; one visiting professionals and six staff on duty. We spoke with people throughout the home and observed how support was provided to people during the day.

We used a number of different methods to help us understand the experiences of people who live at St Patricks. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a sample of documentation in relation to how the service was operating including records such as; staff recruitment and staff files showing supervision and training; medication records; risk assessments; surveys; minutes of meetings; quality assurance audits and policies and procedures. We looked at a total of six care plans for people that live at St Patricks.

Before our inspection the service provided us with a provider information return [PIR] which allowed us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at any notifications received and reviewed any other information we held prior to visiting. We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about the service.

Is the service safe?

Our findings

We looked at the duty rotas and found that there were a mixture of care staff/domestic/ administration and activity staff on duty. We received mixed comments from people living at the home and visitors in regard to the staffing levels. Everyone we spoke to was generally happy with the staff but some felt they needed more staff. Nobody was aware of how many staff to expect on each unit and they were unsure how the home had calculated the staffing levels. Most of the staff we spoke with, told us they had seen some improvements to the management of staffing levels and they were happy with the levels. However some staff felt that they just didn't have enough staff to support people socially.

The manager had developed a detailed assessment describing her staffing levels and her assessments in regard to the dependency of people living at the home. The assessment gave a good overview of the staffing numbers but it lacked details of any engagement and opinions of staff, relative's and people living at the home. The manager told us they would review their assessment of staffing levels with staff, residents and relatives so their opinions would be taken into account in regard the management of staffing levels provided. Regular reviews should also include people's comments in regard to wanting more staffing hours to provide activities and social support.

The registered provider had an adult protection procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and that people living at the home were protected from possible harm. Training records showed us that staff had received training with regard to safeguarding and most staff we spoke with were aware of procedures to follow regarding any suspicion of abuse or if any mistreatment was suspected. We noted that it was unclear if a new member

of staff had received this training and the manager agreed to review their training records. All of the staff that we met told us they would not hesitate to report any concerns or any signs of abuse.

Staff were aware of their responsibilities to keep people safe and to identify and take any necessary actions to reduce risks. This included individual risk assessments for areas such as moving and handling; people being at risk of falls; nutritional risks and bed rail assessments. Care files showed good evidence of a range of risk assessments and tools used to help keep people safe and comfortable at St Patricks. These assessments were up to date and minimised the risks to people living at St Patricks. We saw that regular checks were carried out to help ensure that a safe environment was available to everyone. We noted improvements to the environment and that the provider's action plan had ensured actions taken to provide a safe environment with repairs noted by staff being quickly attended to.

We looked at a sample of staff files to check that the appropriate checks had been carried out before they were employed to work at St Patricks. Personnel files included appropriate checks to show safe recruitment and management of staff especially in checking references and criminal record checks so that they could be assured that staff were safe to work with people living at the service.

We looked at a sample of medication records, the storage of medicines and checks on the management of medications. Medicines were stored safely and managed appropriately to ensure that people living at the service received their medications in a safe and effective manner. We noted improvements in the cleanliness of the clinic room and storage of medication. We observed staff safely storing medicines in a locked clinic room and noted the room was kept clean and tidy and free from hazards. Staff were knowledgeable in regard to the management of medications and they were conversant with the homes policies and procedures to help them in good practices in managing medications.

Is the service effective?

Our findings

People living at the home told us they were happy with the way the service was delivered and how the staff cared for them. They felt their needs were being met by staff at St Patricks. Relatives gave positive comments about the care such as:

“Staff seem good at dealing with aggressive behaviour in general and I feel staff do understand. They will move residents quietly away and divert attention to protect that resident or another resident from harm”; “I think they seem to know what they are doing and understand the condition. Bit more one to one care would be nice”; “Can’t say if trained but seem to know what to do. If you want to know anything and ask they are usually able to tell you”; “The standards of care are very good and the staff are well trained” and “The staff are responsive to my relatives needs and call the doctor if necessary, the standard of care is good and consistent over all the teams working with them.”

However two relatives felt that at times there was a lack of person centred care and told us:

“Mostly the care is fine but it seems that some carers are trying to get the job done as quickly as possible” and “There’s a lack of personalised care, some staff talk to each other across the person about their social lives.”

Most people living at the home told us they enjoyed their meals however there were mixed comments about the food and some people did not like the menus on offer. Some people did not like the menus on offer and commented they would like to see more alternative choices available. We observed staff respectfully supporting some people to sit in the dining room in preparation for their meal. Staff were very patient and calm in explaining and reminding some people what food was being served. We observed that the food looked appetising and well presented. Where necessary staff checked frequently that people were managing to eat their food and offered appropriate support when needed. Additional drinks were offered throughout the day. We observed people who required assistance were provided with discreet and sensitive support from the staff team.

Menus had not been adapted in specialised formats to help some people better understand the meals on offer. Some

people living at the home were living with dementia and had not always been provided with signage to help their needs such as providing picture formats to help describe menus.

The environment had gone through a lot of redecoration and cleaning following our previous inspection in October 2014. We had identified a breach of regulations in October 2014 and the provider submitted a detailed action plan to describe what actions they had taken to improve the environment to ensure it was safe and clean. The provider had showed improved standards in cleanliness and safety to the environment. Several relatives commented on the recent improvements the home had made in respect of the physical environment such as:

“The home has always been clean and the bedroom spotless but it’s recently been decorated, and carpets replaced and wooden floors. Staff have helped us to choose a suitable new bed and chair for our relatives room” and “Improved here in last couple of months, fresher, nicer and more modern now.”

However the physical decoration lacked evidence of development to meet the needs of people with specific needs. For example there were no features to distinguish one corridor or indeed one door from another. Bedroom doors were white as were all other doors including staff areas and did not therefore consider those who were disorientated or those people who had dementia and would find it difficult to orientate themselves within their home. The manager had already acknowledged the need to completely develop the environment to meet people’s needs. They had started in the reception area (accessible to staff and visitors) by developing and using picture formats to advertise various information about the home, including the development of a shop provided in one of the units. The manager acknowledged the benefits of using specific colours and picture symbols to help people be orientated to their own bedrooms and other facilities such as the bathrooms and toilets. The manager told us that these developments were in the process of being implemented. The development plan described by the manager had not been shared with staff, residents and relatives but the manager told us they had started to engage with individuals to help look at colour schemes.

We had identified a breach of regulations in October 2014 and the provider submitted a detailed action plan to describe what actions they had taken to improve the care

Is the service effective?

and welfare of people living at the home. We carried out a Short Observational Framework for Inspection (SOFI) and mostly found positive interactions between staff and people living at the home. We saw that care records contained information of how staff supported people with their various dietary needs. Care plans demonstrated that people's weights were monitored on a regular basis including the management of fluid balance charts. This was done to ensure that people were not losing or gaining weight inappropriately.

However we noted that approximately eight people in one lounge did not move to the dining room and stayed in the one lounge all day and were served all of their meals in this room. Staff told us this was because their armchairs would not fit at the dining tables. Staff regarded people being supported in the one room as usual practice. They had not considered other options to help people socialise and provide person centred care and support with meals.

We looked at policies that were in place for staff to follow in relation to the Mental Capacity Act 2005, the deprivation of liberty safeguards (DoLS) and consent to care and treatment. These records provided information to support staff about the procedures they should follow when a person was unable to make certain their own decisions. We reviewed the records for five people who had DoLS authorisations in place. We found there was an organised process in place to record any restrictions in the best interests of people living at St Patricks. Senior staff were knowledgeable in regard to these procedures and were able to recognise when the deprivation of liberty safeguards were necessary to safeguard people's rights. We found staff had acted in accordance with the requirements of the Mental Capacity Act 2005 in order to ensure each person's rights were protected and that they received appropriate care and support to meet their needs. Although the manager and most of the senior staff had a good understanding of (MCA and DoLS), it is essential that all care staff are equally trained and have a good working knowledge of these important Acts.

We looked at a sample of 'do not attempt resuscitation orders' (DNAR) stored in care files for people living at the home. They were well managed with supporting paperwork, with regard to 'best interest meetings' and next

of kin (NoK,) family involvement. DNACPR's (do not attempt resuscitation orders) were signed by the GP, and a tick on the forms indicated the person and family had been involved with this discussion.

Staff felt well supported and told us they had noticed improvements in the overall development and management of the home. They were complementary regarding the support they received from their senior staff. Staff told us they had started to receive supervision and appraisals. Supervisions are regular meetings between an employee and their line manager to support staff development and to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. All staff should expect to be provided with supervision to help with their development within the service to ensure they provide a consistent level of good quality support to service users.

Staff told us they had received regular training and that they were provided with all the training they needed to help them with supporting people who lived at the home. Training was offered to all staff working at the home and the mixture of staff that we spoke with enjoyed the training offered. Staff were positive about the support they were provided for induction however induction records could not be found for one staff member and training records were in the process of being updated. This meant that some staff records appeared to be out of date or without dates for some training such as safeguarding, mental capacity and dementia. The registered manager told us they would be developing the induction records to show all aspects of support provided to new staff.

Relatives confirmed they were informed of any changes to care and asked their views on the care and support that was in place. People living at the home and relatives felt that the service was good at providing support with their health and in keeping them updated with good communication and contact with the staff team. Staff were quick to access clinical staff including the GP and members of the multi-disciplinary team such as: Speech and language therapists, hospital clinicians, care managers and opticians. We received positive comments from one visiting professional who was positive in regard the care and support they had seen being provided to people living at the home.

Is the service effective?

We recommend that the service develops person centred plans so that individual needs and choices are met and this information used to develop an individualised social programme.

We have made a recommendation about the development of the environment to meet the specialised needs of people with dementia.

Is the service caring?

Our findings

Comments from both people living at the home and relatives regarding staff were positive and included:

“The staff are very caring to my relative and the standards of care are good and the staff are trained well”; “The staff are very caring and my relatives needs are met at present, we are able to visit when we wish and the standard of care is very good and compassionate”; “the staff go out of their way they help our relative with activities especially jig-saws as they help to calm her down, the care is of a good standard.” Those people living at the home that could speak to us described the staff as being ‘good.’

We spent some time in lounges observing positive interactions between staff and people living at the home. We noted that the staff knew the people they were caring for and treated them respectfully in a manner appropriate to their needs. For example some people needed regular reassurance from staff to remind them of where they were and one staff member sat with one person throughout the day offering gentle reassurance and support. We noted that staff had supported people with their personal care and helped them to dress in clothes appropriate to the weather and climate. However we discussed some issues with the manager with in respect of staff supporting people with good standards of dressing. Some people had been supported with colour coordinated clothes and to pick their own jewellery. Some people had clothes that were crumpled and had creases that had not been pulled out and lacked attention to detail. One lady had a lot of facial hair which we felt was not respectful to her presentation and assistance with personal grooming.

We saw people walking around the home when they wanted to with plenty of open space to walk around the building. We observed staff interacting with people and they were comfortable and relaxed with staff and were chatting. We saw little evidence of any organised activity and were told the activity person was off the day of our visit. There was no information within one unit to help people understand or be orientated to what activity to expect each day. However the notice board by the reception was being developed and had some information that could be accessed by visitors in regard to activities planned for the home.

Throughout our inspection we saw that staff were caring and patient when supporting people. We noted that staff had developed the use of birds as a symbol positioned outside various bedrooms as a way to discreetly indicate to staff that the person living there was being supported with end of life care. Staff were seen to respect people’s privacy and dignity and seen knocking on people’s doors each time they approached and entered. We heard staff asking people if they needed anything at all, or would they like a drink. Staff addressed people in an appropriate manner, and where necessary explained what they were going to do before doing it. We observed staff smiling and being attentive when carrying out their work especially when they were in contact with the people they were supporting.

Staff were happy at the home and felt they had seen various improvements since our last inspection in October 2014. They wanted to express their satisfaction with the care provided from the staff team which they felt was of a good standard.

Is the service responsive?

Our findings

Both the people living at the home and relatives told us they had noted various positive developments in regard to the service. They made various comments such as:

“I saw a member of staff calm down a resident who was getting agitated and this was done in a calm manner and taking the resident to a quiet room”; “We attended the meeting last week about the refurbishment of the home and things are changing it doesn’t smell anymore and is much brighter for the residents”; “The staff are very friendly to us all and are a good team working together for the good of residents”; “My relatives needs are met and the home is well run now” and “I have been to a few residents meetings, If I have issues I raise them.”

The home had a policy and procedure in place in relation to complaints which was readily available in the foyer area of the home. The procedure informed people of who to contact within the home and the organisation with regards to making a complaint about St Patricks. Staff talked us through what they would do if an individual wanted to raise a formal complaint and we looked at recent complaint records. However there seemed to be a disconnect regarding one complaint that had been managed by head office. There was no updated information provided to the manager in respect of the investigation and the outcome. The information was lacking and unable to show whether the complaint had been managed appropriately and in line the provider’s complaints procedure. The registered manager told us they would review the outcome of this complaint with the registered provider so they had a full audit trail in regard to this person’s complaint.

Relatives and people we spoke with during the inspection told us they knew how to complain, they told us:

“We have no reason to complain about the home, all relatives can attend the resident’s meeting and voice their concern”; “We would go to the manager if we had any complaints”; “No complaints really in four years” and “No complaints at the moment-only ever petty things about clothes going missing.”

During our inspection people we spoke with said that there wasn’t too much to do but if the activities person was in they tended to do activities with her. The manager advised they had their own activities organiser and they were in the process of developing the home and the activities on offer.

We noted the home had developed their own bar and shop and had recently been donated funds to develop a safe garden/court yard area which encouraged people to socialise and to use these services with the help of staff. Most relatives felt there wasn’t enough in terms of activities on offer and most didn’t know what was on offer and saw little evidence of activities. Two relatives and one person living at the home told us they felt there was enough activities and games to get involved with. Some relatives suggested the home should organise trips out as they felt their relative would enjoy this type of activity. We noted there was no photographic evidence on display of activities organised by the staff. The manager discussed initiatives she had already identified and planned to implement to meet the needs of people in different stages of their dementia.

People were happy with the staff supporting them and everyone told us the staff were good. Staff were knowledgeable about each person they supported and explained they had got to know each person’s like and dislikes over a period of time. We observed staff communicating with people in a respectful manner; quietly interpreting individual needs and requests and supporting them throughout the day.

Everyone had a care plan in place. These plans were used to guide staff on how to involve each person with their care plan and provide the care and support they needed. All of the plans we looked at were well maintained and were up to date however they would benefit if they developed each person’s social needs so that their needs were being met in a person centred way and was meaningful to them. The plans were reviewed regularly so staff knew what changes, if any, had been made.

Staff demonstrated a good understanding of the people they supported in relation to their

fluctuating behaviours and changing needs. Records and discussions with staff demonstrated that people who use the service had access to a variety of health services necessary for their health and well-being. For example: local GP’s; social workers, hospital consultants and clinical specialists. Records demonstrated that people were escorted to attend hospital appointments and received visits at the home from visiting professionals which helped them to co-ordinate their care necessary for their health and for any changing health care needs.

Is the service well-led?

Our findings

Most of the people we spoke with during our inspection including relatives and people being supported were happy with the management of the home. They felt comfortable to ring the office or speak to support staff or the registered manager.

Some relatives told us they had been asked to complete a survey to give their opinions about the home but some had chosen not to complete them as they felt they had no issues to report on. Most people told us they could attend residents meetings to raise their points of view. We looked at a sample of minutes of meetings and saw records showing how people were included and encouraged to share their views.

All of the staff told us they had noted improvements to the home over the last few months and felt supported and now enjoyed their work. Staff told us staff meetings were held, where they had lots of opportunity to raise questions and speak to senior staff. We looked at a selection of minutes of meetings which had evidence of a wide variety of topics discussed with staff such as, health and safety, activities, maintenance and the Care Quality Commissions report and inspection. The minutes showed that the staff were kept up to date with the management of the service. However one topic regarding how staffing levels were calculated and managed had not been sufficiently discussed with staff,

relatives and people who lived at the home. The registered manager advised they would review everyone's feedback and opinions and would update people in regard to how they develop and review their staffing assessment.

The registered manager and area manager monitored the quality of the support provided at St Patricks, by completing visits and audits which we reviewed during our visit. They covered a large variety of topics and areas throughout the home including: Health and safety; infection control; care and environmental audits. The registered manager and provider had developed specific action plans following our inspection in October 2014 and we could see that these audits were reviewing the standards and progress in improving the home. These audits showed evidence of regular monitoring of the quality of care and support being provided.

The local authority contracts and quality team had visited the home in February and noted various improvements and developments within the home.

We looked at a sample of records called 'notifications.' A notification is information about important events which the service is required to send to the Care Quality Commission (CQC) by law in a timely way. These records showed that the registered manager was knowledgeable of these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any significant events.