

Community Integrated Care St Stephens Care Home

Inspection report

St Stephens Court
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on the 19 July 2016 and was unannounced. We last inspected St Stephens Care Home in April 2014 and identified no breaches in the regulations we looked at.

St Stephen's is a nursing home providing care and accommodation for up to 40 older people in Elworth near Sandbach, Cheshire. The home provides care to older people who are physically frail and people living with conditions such as dementia. Nursing and care staff are provided 24 hours a day.

The home is divided into two units. One unit provides nursing care and the second unit provides care for people who are living with dementia. Each unit has two lounges, a dining room and a kitchenette area. All bedrooms are situated on the ground floor.

The home has a manager who is registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection there were 36 people who lived at the home.

At this inspection carried out in July 2016, people told us they were happy living at St Stephens Care Home. We were told, "I don't want for anything here. They're nice to you here, they talk to you and look after you." And, "I'm happy here, they look after you right." People described staff as, "good." And, "lovely."

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. Our observations showed people had positive interactions with staff who worked at the home. We observed people smiling and accepting help and comfort from staff that supported them. We saw a positive relationship between staff and people who lived at the home.

There were systems to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found individual risk assessments were carried out. Care records documented the measures required to reduce risk. Staff were knowledgeable of the measures and we observed these were followed these to ensure people's safety was maintained.

We found medicines were managed safely. We saw people were supported to take their medicines in a dignified manner. We found medicines were stored securely.

We found appropriate recruitment checks were carried out. This helped ensure suitable people were employed to work at the home.

We found there were sufficient staff to meet people's needs. People were supported in a prompt manner and people told us they had no concerns with the availability of staff.

Staff received regular support from the management team to ensure training needs were identified. Staff told us they could access training as required and professional journals were available to enable staff to maintain their knowledge and skills.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns which restricted people's liberty to the registered manager.

We found people were offered a variety of foods. They told us they liked the meals at St Stephens Care Home. Feedback included, "Lovely lunches and the teas are good as well." And, "Food's good enough."

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate. Documentation we viewed confirmed people who lived at the home were supported to seek further medical advice if this was required.

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's expressed wishes. We observed people receiving assistance in accordance with their preferences.

There was a complaints policy which was understood by staff. This was available on a notice board within the home.

We found systems were in place to identify if improvements were required. Quality assurance checks were carried out to monitor the service provided. We saw documentation that evidenced people and relatives were invited to express their views. We found action to improve the service was taken following this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People could be assured they would receive their medicines safely.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Training was arranged to ensure people were supported by sufficiently skilled staff.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of

people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures in place.

Is the service well-led?

Good ●

The service was well-led.

Staff told us they were supported by the management team.

People and those who were important to them were enabled to give feedback on their experiences of living at St Stephens Care Home.

Quality assurance checks were carried out to identify if improvements were required.

St Stephens 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 was carried out on the 19 July 2016 and was unannounced. The inspection was carried out by two adult social care inspectors. At the time of the inspection there were 36 people living at St Stephens Care Home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this document to inform our inspection planning. In addition we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. We also contacted the commissioning bodies at the local authority to ascertain their views on the service the home provided. This information helped us plan the inspection effectively.

During the inspection we spoke with six people who lived at St Stephens Care Home and one relative. We spoke with the registered manager and two qualified nurses. We also spoke with five care staff, the cook and the maintenance person. In addition we spoke with a visiting health professional. Following the inspection we spoke with further five relatives by phone. We did this to gain their views on the care provided.

We looked at all areas of the home, for example we viewed the lounges and dining areas, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff and to assess the cleanliness and safety of the environment.

We looked at a range of documentation which included five care records and a sample of medication and administration records. We also looked at records relating to the management of the home. These included health and safety certification, recruitment and training records, minutes of meetings and quality assurance surveys. In addition we viewed three personnel files.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. We were told, "I'm safe with these lovely girls." And, "No-one would hurt me."

Relatives we spoke with commented, "My [family member] is safe here. No doubt about it." And, "I don't worry when I leave my [family member]." Also "My [family member] is safe, undoubtedly."

We viewed five care records to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs. We found care documentation contained instruction for staff to ensure risks were minimised. For example, we noted one person required specific equipment to maintain their safety. Care documentation contained information to guide staff on the how the person's safety should be maintained. We noted the equipment was in use during the inspection and staff followed risk assessments in place. This helped ensure the safety of the person was maintained.

We asked the registered manager how they monitored accidents and incidents within the home. We were told incidents and accidents were reported using the registered providers reporting system. This information was then reviewed by the registered manager and the quality team to identify if trends were occurring. We viewed the documentation provided and saw evidence incidents and accidents were recorded. The registered manager was able to explain measures taken to reduce the risk of reoccurrence.

Staff told us they had received training to deal with safeguarding matters. Staff told us they would immediately report any concerns they had to the registered manager. Staff also explained they would report concerns to the local safeguarding authorities if this was required. One staff member commented, "The [registered manager] would action anything we raised straight away." A further member of staff said, "You can't let abuse go on. It's got to be reported."

We asked the registered manager how they ensured sufficient numbers of staff were available to meet people's needs. They told us they did not currently use an assessment tool to inform the numbers of staff required. They said they had recently met with members of senior management to discuss the staffing provision within the home to identify if improvements were required. The registered manager told us extra staff were provided if required and staff we spoke with confirmed this. One staff member commented, "We don't rush. There's no need. We have enough staff to be with people and help them."

People who lived at the home told us they were happy with the staffing provision. Comments we received included, "I don't wait for a thing." And, "They're quick." Relatives we spoke with were also positive regarding the staffing arrangements at the home. Comments we received included, "Staffing levels are amazing." And, "Staffing is good. My [family member] never has to wait."

We reviewed documentation which showed safe recruitment checks were carried out before a prospective staff member started work at the home. We saw a Disclosure and Barring Check (DBS) was carried out before a prospective staff started work. This is a check that helped ensure suitable people were employed. We

reviewed the files of three staff members, two of whom had been recently employed. We found the required checks were completed and appropriate references were obtained. This demonstrated safe recruitment checks were carried out.

During this inspection we checked to see if medicines were managed safely. We observed the registered nurse administering medicines to people individually. We noted they were diligent in their duties and were not disturbed by other staff when medicines were being administered. This minimised the risk of incorrect medicines being given. We looked at a sample of medicine and administration records and found these were completed correctly. We found medicines were stored safely and staff we spoke with were knowledgeable of the arrangements for ordering and disposal of medicines. They were able to explain the procedures in place and we saw medicines were disposed of appropriately by returning them to the pharmacist who supplied them.

We saw the environment was spacious and well maintained. Appropriate signage was in use to support people who were living with dementia to locate bathrooms and their individual rooms. During the inspection we observed people moving around the home and using the handrails provided. People were also seen to be enjoying the gardens on the day of our inspection. We observed people sitting in the shade and chatting. One person told us, "I love coming out here."

We found checks were carried out to ensure the environment was maintained to a safe standard. We reviewed documentation which evidenced electrical and lifting equipment was checked to ensure its safety. We also found the temperature of the water was monitored to ensure the risk of scalds had been minimised.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. Staff told us they had received training in this area and were confident they could respond appropriately if the need arose.

Is the service effective?

Our findings

People who lived at St Stephens Care Home spoke positively of the care they received. Comments we received included, "They look after me right." And, "Staff are good. They know what I like." A relative we spoke with told us, "I couldn't care for [my family member] as well at home." Other comments we received from relatives included, "The nursing care is fantastic." And, "The care my [family member] gets in out of this world." Also, "It's first class quality care."

Care files evidenced that people's nutritional needs were monitored. We saw a formal nutritional assessment was in place. We noted people were weighed regularly to ensure they ate sufficient to meet their needs. Care documentation described people's food and fluid preferences.

We viewed menus which evidenced a wide choice of different foods were available. We found the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. People who lived at the home told us they liked the food provided. Comments we received included, "The foods not bad." And, "The food is brilliant, beautiful meals."

We observed the lunchtime meal being served. We saw people were asked if they wanted to sit at the dining table. People who chose to eat in their private rooms or in the lounge area were provided with their meal as requested. This demonstrated people were given choice of where they wished to eat. Staff provided the meals promptly and people were asked if they were happy with their choice. During the meal we observed hot and cold drinks were available and were provided for people. These were replenished throughout the meal and people were offered second portions of food.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered provider to assess their understanding of their responsibilities regarding making appropriate applications. We were told there were 26 DoLS applications in place at the time of our inspection. The registered manager told us they were aware of the processes to follow.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices which may be considered restrictive and said any concerns would be reported to the registered manager. Staff told us they encouraged people to make choices and would seek further guidance

from the registered manager if they had any concerns. During the inspection we observed no restrictive practices taking place.

The registered manager told us an induction was in place to ensure staff were appropriately supported. They also told us staff received refresher training to ensure their skills remained up to date. This was confirmed by speaking with staff. Staff told us they had received an induction which included training in areas such as moving and handling and safeguarding of vulnerable adults. Staff also told us they were able to attend regular refresher training and they could request additional training if they felt they needed more support.

The registered manager told us they were currently implementing a new supervision process. Supervision is meeting between a staff member and their line manager where training and staff performance is discussed. The registered manager explained there had been some gaps identified in this area but they had taken action to ensure supervisions were completed. Staff told us their training needs were discussed with them at regular supervisions. We viewed one supervision record. This evidenced supervisions took place to ensure staff performance was monitored.

Qualified staff we spoke with were positive regarding the training and support they received. We were told professional journals were available to help staff maintain and develop their skills. During the inspection we observed these within the home. This demonstrated the registered provider provided appropriate resources and enabled qualified staff to meet the requirements of their professional regulator.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, "Staff are very, very good." Also, "I think a lot of the staff because they're kind." And, "Staff are wonderful."

Relatives we spoke with commented, "They're so kind." And, "The staff are so caring. They've always got time for people." Also, "They're brilliant. Staff are outstanding, so caring." In addition, "They're very gentle staff."

We saw staff were caring. We observed staff talking with people respectfully and offering reassurance. For example we noted staff took time to sit with one person who appeared upset. The staff member offered comfort to the person who appeared happier because of this.

We saw staff responded to non-verbal communication. We noted one person appeared in discomfort. This was reflected in their facial expression. The staff member asked them if they could help and spent time with them to ascertain if they required any assistance. We observed the staff member used appropriate touch to offer reassurance and this was accepted by the person. We noted the person was then able to verbalise their wishes and the staff member offered reassurance and empathy.

People who lived at the home approached staff without hesitation. We observed one person hold out their hand to a staff member, and a further person hugged a staff member. We noted staff responded with compassion and spoke with people in a respectful manner. We observed one staff member held a person's hand and provided distraction and support when the person became anxious. The interaction we viewed resulted in the person becoming calmer and more relaxed.

During our observations we noted a staff member passed personal information regarding a person who lived at the home to another staff member. This occurred while they were in a communal area. We discussed this with the manager prior to the inspection concluding and were informed this would be addressed. We also discussed people's wishes regarding their doors and curtains being left open when they were in their rooms. The registered manager told us this was sometimes people's wishes; however they would ensure this was documented within people's care records.

Staff spoke affectionately about people who lived at the home. One staff member told us, "I never get up thinking I don't want to come to work. It's enjoyable. A good environment and helping people live a happy life." A further staff member said, "You get attached to people. When you're working so closely with people you're bound to."

We discussed the provision of advocacy services with the owner. We were informed there were no people accessing advocacy services at the time of the inspection; however this would be arranged at people's request.

Is the service responsive?

Our findings

People who lived at the home told us they felt care provided met their individual needs. Comments we received included, "It's brilliant here." Also, "I'm happy here. They look after me right."

A relative we spoke with explained how staff responded to their family members needs to ensure they remained comfortable. Further comments we received from relatives included, "The staff treat my [family member] as a person with wants, wishes and with compassion." And, "Nothings too much trouble. Whatever [my family member] wants, they can have."

We viewed documentation which demonstrated people received timely referrals to other health professionals as required. For example, we saw referrals to dieticians, doctors and speech and language therapists were made if these were required. During the inspection we spoke with a visiting health professional who voiced no concerns regarding the care and support provided.

Within the care documentation we viewed we found evidence people who lived at the home and those who were important to them were consulted and involved as appropriate. When possible, we saw people's social histories and hobbies and interests were documented. We spoke with staff regarding this. Staff were able to describe in detail, the things that were important people who lived at St Stephens Care Home and how they used this information to enrich people's lives. For example, one staff member described the social history of a person they supported and the activities they carried out with them. They told us, "We learn about people so we can help them to have a happy stay here." This demonstrated staff had an understanding of people's needs and wishes.

The registered manager told us they had recently purchased a range of activity resources to support people living with dementia. During the inspection we saw these were in use and were enjoyed by people who lived at the home. We observed one person using an activity board. This is a board that provides sensory stimulation and purposeful activity for people living with dementia. We saw the person was concentrating on the board and appeared to enjoy the experiences it gave them. We also saw a further person with a 'twiddlemuff'. This is a sensory handmuff which provides stimulation and occupation for people who are living with dementia. The person was laughing as they used it. We also noted a person cuddling a doll. We saw they were smiling and stroking the dolls face as they sang to it. This demonstrated appropriate resources were in place to support people living with dementia.

People told us they enjoyed the activities provided. One person said, "I've been reading with one of the staff. They're so nice. I enjoy it." A further person said, "I enjoy the music show." During the inspection we saw people were asked if they would like to sit in the garden as it was a sunny day. Those who wished to do so were seen to be enjoying the sunshine and were chatting to each other. We observed staff serving hot and cold drinks and sitting with people to encourage conversation. This demonstrated people were encouraged to engage in social events to minimise the risk of social isolation.

We found there was a complaints procedure which described the response people could expect if they

made a complaint. Staff told us if people were unhappy with any aspect of the home they would pass this on to the registered manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We viewed the complaints log at St Stephens Care Home. The registered manager told us they responded to any complaints by investigating them and referring them to the area manager if this was appropriate. We viewed the most recent complaint and saw this had been concluded. The registered manager told us they encouraged people and relatives to raise any comments with them before they became areas of concern or complaints. They told us this helped ensure comments were addressed quickly and resolved. Relatives we spoke with confirmed they were able to discuss any concerns if they wished to do so.

Is the service well-led?

Our findings

The registered manager spoke passionately of the importance of being visible and accessible to staff, relatives and people who lived at the home. They explained they spent time within St Stephens Care Home carrying out observations and seeking verbal feedback on the service it provided. This was confirmed by speaking with a relative who told us, "Management is very good. Very communicative and will tell you what's going on. Very supportive and will always ask if everything is ok."

Staff also told us they considered the registered manager to be accessible. Comments we received included, "The [registered manager] does walk rounds. You're more likely to find her on a unit than in the office." And, "The [registered manager] is always out and about. More importantly [registered manager] takes a real interest in residents and how we look after them."

During the inspection we saw the registered manager was familiar to people who lived at the home and knew people's individual needs. We observed people smiling at the registered manager who spoke with them about their family members and other topics that were important to them. This demonstrated the registered manager played an active role in the running of the home.

Staff told us staff meetings took place and they found these helpful. Staff explained these were an opportunity to seek clarity or discuss any concerns they had. We viewed documentation which evidenced this. We noted areas such as training and the needs of people who lived at the home were discussed with staff. We also saw a weekly 'summary sheet' had been introduced by the registered manager. The registered manager explained this had been introduced to ensure communication was effective. We viewed the summary sheet and saw this contained information such as upcoming training and requirements for staff cover. This demonstrated communication took place between staff and management at the home.

We asked the registered manager how they maintained an overview of the performance of St Stephens Care Home. We were told audits were completed to identify if improvements were required. The registered manager said these were then reviewed to identify if trends were occurring. The results of these audits were then passed to the area manager for further scrutiny. We saw a variety of audits were in place. These included areas such as health and safety, weight management, skin integrity and the use of bed rails. The registered manager explained they also reviewed the quality of care documentation to ensure it was accurate and up to date. They told us this was not formally documented however staff we spoke with told us they were informed if improvements were required. This demonstrated the results of audits were used to improve the quality of the service provided.

The registered manager told us they had recently worked with an external health professional to improve the infection control standards at the home. We saw evidence that during this time, an action plan was in place to ensure actions identified were carried out. We found the action plan had been completed. Prior to the inspection concluding we received written confirmation from the external health professional that the home had engaged with them to ensure improvements were made. This demonstrated the registered manager worked with external agencies to improve the service provided.

The registered manager told us people were encouraged to feedback their views in order to identify if improvements could be made. We viewed documentation which evidenced 'residents and relatives meetings' took place. We noted meetings sought people's feedback. For example, we found people were asked if they were happy with the activity provision at the home. We saw more resources had been requested. During the inspection we saw new resources for meaningful activities had been purchased. This demonstrated people were consulted and action was taken if improvements were identified.