

St Benedict's Healthcare Limited

St Benedicts Ferndale

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

St Benedicts is a nursing home providing care and support for men who are living with mental health issues and or dementia. The service can accommodate 18 people there were seven people living there when we inspected.

There was a registered manager in post. 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. However, the registered manager had not been at the service since January 2017 when they had visited the service once.

The provider has employed a new manager who has been working at the service since the start of January 2017. A handover was due to take place but this has not occurred. The new manager has been managing the home for the two months prior to the inspection and they are referred to as the manager throughout the report. They have applied to be registered and are awaiting their interview.

People told us they felt safe and happy living at the home. Risks to people's health conditions were assessed to minimise them; staff were aware of people's individual risks People were supported by adequate numbers of staff.

People received their medicines safely and they had their nutritional and health needs meet.

People's consent was sought before staff provided care.

Staff were undertaking a variety of training to meet people's needs. People were relaxed and comfortable around staff and had their dignity and privacy respected. People were supported to be as independent as possible. People had been involved in developing their care plans and were supported to follow their interests and hobbies. People told us if they had any concerns they had been dealt with appropriately.

The manager had introduced quality systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service. People and staff felt listened to by the manager and found them to be approachable and friendly.

People benefited from a service that was well led. The manager and provider had an open, honest and transparent management style.

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 were safe from harm because staff were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

Medicines were well managed.

Systems had been put in place to keep people, visitors and staff safe.

Is the service effective?

Good ●

The service was effective.

The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices about their daily lives. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and staff worked with health and social care professionals to help people access relevant services.

Is the service caring?

Good ●

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Staff recognised and promoted the role of family and friends in people's lives.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People received person centred care and support. People were involved in the planning and review of their care. People were supported to follow their interests.

People felt able to raise concerns.

Is the service well-led?

Good ●

The service was well led.

There was a new manager in place. People and staff spoke positively about the leadership and approachable nature of the manager.

People told us they were happy with the quality of service they received.

Audit systems were being developed to ensure people received a quality service.

St Benedicts Ferndale House

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 13 March 2017 as a result of receiving concerning information and was unannounced. The inspection was carried out by one inspector.

This was the first inspection since the service had been registered in April 2016. Prior to the inspection we reviewed information we held about the service including notifications. (A notification is information about important events which the service is required to tell us about by law). This information helped us to identify and address potential areas of concern.

During the inspection we spoke with four people living at the home, the manager, operations support, a nurse, two support staff and the cook.

We looked at the care records for three people. We also looked at a range of records relating to the management of the service such as medicine records, accidents, complaints, quality audits and policies and procedures.

Is the service safe?

Our findings

People told us the service was safe. One person said, "I feel safe here, everyone is lovely." People told us that they would speak with a member of staff if they were upset or worried about anything. A person told us, "I feel safe living here. I can talk to the staff." We saw throughout the day occasions where people approached staff to discuss worries or concerns. We saw people acted confidently around the staff which demonstrated that they felt relaxed with the staff at the home.

Staff we spoke with said they would report any safeguarding concerns to the manager. One member of staff said, "I have completed safeguarding training. It's protecting people and making sure they are safe. I would tell the manager straight away if I had any concerns." Another member of staff said, "I would inform the nurse or the manager, if the situation was not addressed I would report it myself to safeguarding and the CQC."

The manager had a good understanding of their responsibilities to keep people safe. Records showed that they understood their responsibility to refer any allegations of abuse or harm to the local safeguarding authority. We received positive information from other professionals for example the local authority safeguarding team and the care commissioning group (CCG) about the work that had been undertaken with the manager following several concerns about safety and care at the home. For example, "Since [name] arrival they have worked transparently with us and understood the very real safety concerns involved for the residents."

Staff we spoke with were aware of people's individual risks. For example, providing a soft food diet for people at risk of choking, or managing the risk of falls.

The registered manager worked with staff to develop ways to encourage people to eat a balanced diet. We saw that the manager referred to external healthcare agencies for guidance and advice such as the person's community psychiatric nurse (CPN) or the speech and language team (SALT) where required, to manage specific risks. This showed that people had the appropriate support to reduce any risks to their health or well-being.

In the months the new manager had been in post, accidents and incidents had been appropriately recorded and they had a good understanding about their responsibilities in maintaining the safety of people. We saw when incidents or accidents had occurred they had been analysed and steps taken to reduce the risk of re-occurrence. For example, introducing a sensor monitor into a person's room who was at high risk of falls.

People told us there were enough staff to meet their individual needs. One person said, "There is enough staff both day and night." Another person said, "Always staff around, I think there are enough staff." Staff did not think staffing levels were unsafe and were aware that with new admissions staffing would be reviewed. The manager told us additional staff were being recruited and two new nurses were due to begin employment in the coming month.

One member of staff said, "The staffing levels are ok we manage but it would be better if when we have another carer working." They said people's care needs were met but sometimes people had to wait for support if staff were busy with other people. We saw that the number of staff working was adequate to meet people's needs. Although at times it appeared that staff were very busy. We discussed this with the manager who said people's needs would be reviewed to ensure there were enough staff to support people safely, especially as new people moved into the home. They assured us that staff would be in place before new people were admitted.

Staff were recruited safely. One member of staff said, "I completed an application form, had an interview and a number of checks were completed before I started my job here." We viewed eight staff files and saw pre-employment checks had been completed. This included Disclosure and Barring Service (DBS) security checks and references. DBS checks can help employers make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People told us they had no concerns about their medicines. One person said, "Yes I get my tablets." Another person said, "I have painkillers when I need them." We observed staff supporting people to take their medicines safely. We saw one member of staff explaining to a person what their medicine was for. We looked at seven people's medicine administration records (MAR) and saw these were completed appropriately. We found where people required medicines on an 'as required' basis (PRN), such as for pain relief, there was individual PRN guidance in place for staff to refer to. Medicines were stored appropriately to keep them safe and maintain their effectiveness and they were disposed of safely when no longer required.

Is the service effective?

Our findings

People told us staff sought their consent before providing care or support. One person said, "Staff ask for my agreement." One member of staff said, "I would talk to the person about it and discuss any issues and if they refused I would try again later."

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.

Staff had knowledge of the Mental Capacity Act and were able to relate it to most practices within the home. Mental Capacity assessments had been carried out appropriately.

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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We could see applications had been made appropriately to the local authority when it was considered necessary to deprive a person of their liberty. People's records identified if people had been assessed to be deprived of their liberty and whether this had been granted or not.

People were complimentary about the staff and said they thought they had the ability to meet their care needs. One person said, "Staff know me and how to look after me. I would tell them otherwise."

Some of the safeguarding concerns had been around the staff's ability to meet people's needs and a lack of training. One professional told us, "Decisive action was taken to replace underperforming members of staff, and many hours of work have been spent by [name] rewriting inadequate care plans, as well as up skilling staff to provide improved quality of care."

Staff followed an induction programme when they started working at the home and were informed of what training they needed to complete to meet people's needs. One member of staff said, "I completed an induction when I started my job. It helped me understand people's needs."

The new manager told us they had implemented one to one meetings with staff and as part of this were reviewing staff's individual training requirements. Staff confirmed they had received one to one meetings with the manager and felt supported in their role. One member of staff said, "Since [manager] has been here the morale is better and I get the support and advice I need." They also confirmed they were undertaking a variety of training such as fire safety drills to keep people using the service safe.

Staff records we looked at identified areas of individual development and training for staff. The manager told us they were implementing the Care Certificate for new staff to develop their skills and knowledge. The Care Certificate is a set of core standards which provide staff with the knowledge they need to provide people's care.

People confirmed they enjoyed the food. One person said, "Food is okay." Another person said, "Food is nice" and "If I don't like the food the cook finds me an alternative." We saw throughout the day hot and cold drinks were offered to people. However people could not access drinks themselves. The manager told us they would look into how people could access hot drinks and look at any risks that may be involved and how to reduce them.

Staff we spoke with told us about people's individual preferences, and of their nutritional needs. They explained what additional support and monitoring people needed in order to ensure they had adequate food and drink to remain healthy.

People were supported to see the doctor and other healthcare professionals when required. One person said, "Appointments are made when required." A member of staff said, "If there is signs or symptoms of a resident not being well, I contact the General Practitioner [Doctor] or in an emergency I would not hesitate to contact 999 paramedic services." People's health records showed they had been supported to access a wide range of healthcare professionals including specialist nurses.

Is the service caring?

Our findings

People told us that staff were caring. One person said, "They [staff] are brilliant best I have known." Another person said, "Staff are nice to me here and help me." Throughout the inspection we saw people were supported by all staff, including the new manager in a kind and caring way.

Staff demonstrated compassion to people and we saw staff sit with people and prompt them to express how they were feeling. One member of staff commented, "I try and find out why [person] is getting [anxious] and try to provide reassurance, which then helps the [person]." Staff approached people in a friendly and respectful way addressing people by their preferred name. They checked if people needed support and provided gentle reminders about what was happening during the day, ensuring people had adequate information to make a choice about what they wanted to do for example with their time.

Most people told us they felt involved in the care they received and would speak with a member of staff if they needed something. One person said, "Staff talk things through with me."

People told us they were involved in making day to day decisions about their care and we saw staff spent time explaining choices to people. People confirmed they made their own choices in relation to how they spent their time, clothes they wore and what they ate and drank. Some people chose not to follow the advice provided by staff to manage risks to their health or well-being. For example, smoking when having breathing difficulties.

Staff we spoke with and records we looked at showed advice had been sought from external professionals; however staff respected people's choice not to follow the advice given. Whilst people were involved in decisions about their care, their choices were respected by staff.

Staff encouraged people to be as independent as possible. For example some people accessed the community regularly on their own and enjoyed visiting the shops or eating out. Others accompanied staff out. For example, on the day of the inspection people went with staff to do the food shopping for the week.

One person told us they went out daily to, "Get different things." Another person said, "I look after myself, wash and shower." Staff told us they would encourage people to do as much as possible for themselves. One member of staff said, "We are about if [people] need us or need support to do something. Some people just need prompting." Records we looked at provided staff with information about what people could do for themselves, this enabled staff to support people in a way that promoted their independence.

People told us they were supported in a way that protected their privacy and dignity. One person said, "Staff respect my dignity." Another person told us, "Staff knock my door and wait." Staff shared examples of how they treated people with dignity when supporting them with personal care, for example closing curtains and ensuring they covered people with a towel when providing care.

People felt listened to and were encouraged to express their views and to make their own choices. Staff

provided people with sufficient information for people to make their own decisions and empowered them to do so. We saw staff taking a passive role in the decision making as part of the process to help people become independent and make decisions.

People's care plan's had information about the support people needed around making decisions and this was followed by, and strengthened by staff. People's individuality was respected and encouraged.

Is the service responsive?

Our findings

People received a personalised service that met their needs. People had person centred care plans in place. Care plans provided staff with information about people's care and health needs as well as their life choices.

Professionals told us the action and changes the new manager had taken in response to the concerns being raised about the home. They told us, "The first meeting with [name] I could see the changes they had begun to implement taking form. On discussion with [name] they had a good understanding of the residents needs and this was translated into the care documentation. They have a clear view of how the home should be run and seems very determined to ensure it happens." "My second visit was to ensure that actions had been followed up which they were. I also wanted to see the home again after the new care plans were in place. I was also specifically checking on a care plan for a resident with epilepsy as previously it needed more clarity." The difference in the home since my earliest visit prior to the new manager starting to the present day is amazing, residents all smiling staff all smiling and relaxed. The resident I was first involved with was telling me how happy they were. Previously they were falling over every couple of weeks and whenever I went to the home they were asleep in the same chair. The residents now are all moving about the home."

The new manager showed us a care plan that had been in place prior to them starting work at the home and when we looked at the current care records we could see the changes that had been made.

The people living at the service were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required. Staff knew their needs and preferences and responded with confidence when care or communication was required.

People told us staff responded appropriately to their care needs. One person said, "If I ask for anything they [staff] sort things." We saw that when staff were available they quickly responded to people's request or support needs.

People told us they had been involved in planning their care so that it was personalised to meet their needs. They told us about their life histories and what interested them and we saw that this was recorded in the three care records we looked at.

We saw that people's support and health needs had been assessed and care plans were in place to ensure these needs were appropriately supported. Information was regularly reviewed and changes to people's mental or physical health updated to reflect any change in need.

We asked people what interested them and what they enjoyed doing during the day. One person told us the garden and how they liked to work outside. The manager showed us a quiet area in a building in the garden. This had a piano in it and one person liked to go out there to play it. Other people told us they enjoyed taking part in craft activities. People told us there were staff employed at the home who were responsible for activities.

People told us they would speak with staff members or the registered manager if they had any concerns. One person said, "I know how to complain, I go to [name] [new manager], I can talk to her." Another person said, "Happy to talk to staff or the manager if I am unhappy about something." Staff we spoke with were able to explain how they would raise concerns or complaints on behalf of people who lived at the home. They said they would refer any issues to the manager and said they were confident they would be addressed appropriately. We looked at records and saw the provider had a system for receiving and handling complaints or concerns. Issues raised had been investigated and responded to appropriately.

Is the service well-led?

Our findings

At the time of our inspection there was a manager registered. However, they had been absent from the service for two months prior to the inspection. The service was being managed by a new manager who had applied to the Commission to be registered and was waiting for their interview.

People told us the home was well managed. One person said, "Since the new manager arrived it is very good." A member of staff said, "[name] has only been here a very short while and things are getting sorted. [Name] is very approachable and I feel confident to speak with her. Always available to help." People we spoke with knew who the new manager was and said they were often around the home and always available to speak to if they had any concerns. Staff told us the manager was very approachable and had implemented a number of changes since arriving at the home which had a positive effect on the staff morale within the home. For example, implementing staff supervision and meetings. Staff also said since the new manager had been in post, the culture of the service had improved. For example, one member of staff explained, "When we have different people visiting the home to help us make changes for example the local authority, the manager explains things to us and gives us feedback."

Visiting professionals told us, "At the second formal quality meeting with the Local Authority physical and mental health improvements in residents were noted by those present. The changes have been led well by [name] and she in turn reports good support from the owner." "[Name] has also agreed to host a local care homes manager's meeting which is aimed at providing support and learning from incidents for other managers at which she is happy to share her experiences." Another said, "[Name] has been very keen to accept training and embraces suggestions made. She has always been welcoming and the atmosphere at the home has changed dramatically since her arrival."

There was a clear management structure in place and staff knew who to go to if they had any issues or concerns. People received care from a fairly consistent staff group which meant that people were familiar with them. Staff told us they felt supported in their role and understood their responsibilities.

Staff were aware of the provider's policies and procedures including the whistle-blowing policy. Whistle-blowing means raising a concern about a wrong-doing within an organisation. They said since the new manager had been at the home they had introduced one to one meetings with staff and identified areas of additional training to meet people's specific needs. Staff also told us the manager had set targets for staff to complete specific training. One member of staff commented, "We have not had consistent management for a while. I feel things are getting back together and getting sorted." Another staff member said, "The manager is very calm and approachable they have only been here a few months but I have confidence in them."

The manager, although new to the home had a good understanding of people's needs and the support they required. They demonstrated an open and transparent management style. For example, they discussed with us the various issues they had found since joining the home and the steps they were taking to address immediate concerns for example, staffing and rewriting the care plans and risk assessments.

They were aware of the legal requirements and notifying CQC about events they are required to do so by law, such as protecting people from harm. Audit systems were being developed to ensure people received a quality service. The manager was aware that these needed to be embedded. The manager had carried sent surveys out in the first two months of being in post and was going to collate the feedback to help her plan any changes that had been mentioned.