

St. Vincent Care Homes Limited

# St Vincent House - Gosport

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Vincent House Gosport is a residential care home providing personal care for up to 34 people in one adapted building. The service provides support to older people and those living with dementia. At the time of our inspection there were 24 people using the service.

### People's experience of using this service and what we found

Risks associated with people's care were not always fully assessed and care plans lacked detail. This included management of known health needs and risks from falls. The provider took immediate action to improve these.

Recruitment practices were safe and there were enough staff available to meet people's needs. However, a review of where staff were located within the service at any one time, was required. This was so the management of known risks could be improved.

People received their medicines safely and as prescribed. Arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines, but improvements were needed to ensure topical creams were used safely.

People told us they felt safe and were supported by kind, caring staff. Staff knew how to keep people safe from harm. The provider had a policy and procedure for safeguarding adults and the manager and staff understood the signs to look for.

Environmental risks had been considered and acted on where required. Infection, prevention and control processes and up to date policies were in place. The provider, management and staff adhered to the latest government guidance in relation to infection, prevention and control.

There was a clearly defined management structure and regular oversight and input from the provider. There were governance systems in place to identify concerns in the service and drive improvement. However, these had not identified all the concerns we found or ensured action was taken in a timely way.

People, relatives and staff were positive about the management of the service. Staff told us the manager was supportive and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (21 September 2018).

### Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk from falls. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Vincent House Gosport on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Vincent House - Gosport

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

St Vincent House Gosport is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Vincent House Gosport is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was a manager in post who is submitting an application to register. They are referred to as the manager throughout this report.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 10 October 2022 and ended on 19 October 2022. We visited the service on 10 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. We received feedback from the local authority and external professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 20 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with eight members of staff including, the provider's nominated individual, who is also one of the providers, the health and safety manager, manager, deputy manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed the care being provided and reviewed a range of records, including eight people's care records and multiple medicine records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from external professionals and seven relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service needed development to improve safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe care was provided. One person said, "I feel very safe here, it's hard to not be at home, but I couldn't be anywhere better." Relative's comments included, "I have always praised the staff and management for the support my [relative] has received" and "I believe my [relative] is very safe."
- Risks to people were assessed but some risks had not been identified within people's care plans or needed further detail, to ensure staff had clear guidance about how to manage them. For example, one person had a diagnosis of diabetes. Although their care plan identified this and had some information to mitigate the associated risks, it did not contain sufficient or specific detail individual to this person. Care records needed improvement to ensure there was clear information about known risks. Nonetheless, staff knew people well and understood their needs. We discussed this with the manager and provider who took immediate action. By the end of the inspection, they had updated information about risks in people's care plans.
- Where people had been identified as at risk of falls, movement sensors were used to monitor people's safety in their bedrooms. However, further analysis of the potential risks when people were in the communal areas or independently moving around the home, was needed. This was so where positive risk management was taking place, this was fully assessed and agreed to be in people's best interest and any additional measures to reduce risk were clearly evidenced.
- The provider used recognised tools to assess the risks to people's health and wellbeing. For example, they used a malnutrition universal screening tool (MUST) and Waterlow assessment to determine the risks to people's skin integrity.
- Environmental risks such as fire, gas and electrical safety had been considered and appropriate monitoring and risk assessments were in place. People had personal emergency evacuation plans (PEEPS) in their care plan, so staff would understand how to safely support them to evacuate the building in the case of an emergency.
- Staff had a handover at the start of each shift, which informed them of any important information they needed to meet people's needs. For example, information in relation to people's health, any professional visits and if they had declined care, was handed over. This meant that staff were up to date with essential information.

### Using medicines safely

- Systems were in place to store, administer and manage people's medicines. Staff had received training in medicines administration and had their competency to do so safely, regularly assessed.
- There were systems in place to ensure the application of topical medicines, such as creams was

completed. However, the date creams had been opened had not been recorded by staff, to ensure they were disposed of when they reached their 'use by' date. We discussed this with the manager, who took immediate action to address this.

- Audits of medicines were undertaken to identify any discrepancies with stock levels and ensure records of administration were fully completed. However, the audit in place did not include checks on the safe administration of topical medicines. Following discussion with the manager, their audit was updated to include this.

- As and when required (PRN) medicine protocols were in place, and were detailed, so staff who administered medicines would understand when to give them. However, other staff who provided care to people, needed to understand when to request some PRN medicines. For example, one person was prescribed a medicine to help manage behaviour that could be a risk to themselves or others. Their care plan did not contain sufficient detail for staff to be able to recognise when they may need this, or what actions to take to support the person, prior to administering their PRN. We discussed this with the manager who took immediate action to improve care these care records.

### Staffing and recruitment

- The provider assessed the level of care and support each person needed and adjusted their staffing levels accordingly. This had recently resulted in an increase of staffing levels and meant there were enough staff available to sufficiently meet people's needs. However, we observed that due to the high needs of people living in the service, there were increased risks when people were in communal areas and moving around independently. These risks had not been fully assessed or records made to demonstrate how they would be reduced. We discussed this with the provider and manager who agreed to review how and where staff were deployed, to consider if risks could be reduced.

- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Learning lessons when things go wrong

- Where incidents or accidents occurred, information was recorded and reviewed by the management team. However, some improvement was needed to the records made. This was so records would clearly demonstrate where lessons were learnt and ongoing risks, had been robustly reviewed. We discussed this with the provider and manager who took immediate action to address this.

- Changes to people's needs or care records following an incident, were shared with staff via handovers and updated on their hand-held care record devices.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

- Although most people had mental capacity assessments and the management team clearly understood their responsibilities, some mental capacity records had not been completed where required. We discussed this with the provider and manager who took immediate action to complete these records.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies in relation to safeguarding and whistleblowing and staff had received training based upon these.
- Systems were in place to protect people from the potential risk of abuse. There were processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local authority safeguarding team.
- Staff were able to demonstrate they understood how to prevent, identify and report allegations of abuse. All staff we spoke with had a good understanding of their safeguarding responsibilities. One staff member said, "I report any concerns to the manager, and if nothing happened, I would report to CQC or [local authority] safeguarding."
- Staff knew people well and could recognise how they expressed if they were distressed or unhappy about something, so they could provide support. We observed this during our inspection. A relative told us, "Staff are attentive and always fondly interacting with residents whenever we visit."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the latest government guidance.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership needed to make improvements. Records and systems needed improving to support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager in place; however, there was a manager who had been employed and was applying to register with CQC. They had been proactive in identifying areas that required development or improvement but had not resolved all of these prior to our inspection.
- The provider had an auditing process which enabled them to effectively monitor systems and continue to develop and improve the service, where needed. However, although these had identified some of the concerns we found, action was not taken promptly, which meant people were left at risk. For example, improvements to care records in relation to risks to people, topical medicines and analysis of accidents and incidents. You can find more information about this in the Safe sections of this report. We discussed these improvements with the provider and manager and acknowledge that over the previous year, there had been an impact from reduced staffing to support the improvements needed. Following our inspection, we saw evidence these improvements had been made.
- There was a management structure in place, consisting of the provider's senior management team, the home manager and a deputy manager. They were clear about their roles and responsibilities. The provider had regular oversight of the service and provided support to the manager to make the improvements needed.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on privacy and dignity, safeguarding, whistleblowing, complaints, equality, diversity and inclusion, and infection control.

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

- People's care plans contained some person-centred information but required further development to ensure they contained all relevant information about individual risks and needs. Care plan audits were being completed and the provider had previously identified where improvements were needed. However, due to staffing pressures, these had not been completed when we inspected. However, immediate action was taken by the manager following our inspection and care plans were updated and improved.
- We observed a calm, friendly and supportive atmosphere in the service. Staff clearly knew people well and spoke to them with kindness and patience. People told us they felt well cared for and safe. Comments included, "The staff here are great, we can have a laugh. They know how to look after me, I can take a while to get going in the morning, but they are always there to help", "I like the staff, they are nice to me" and "The

staff are all lovely, I wouldn't be here if they weren't."

- The provider, management team and staff demonstrated a commitment to provide person-centred, high quality care for people. The management team were responsive to our findings of where improvements were needed and took prompt action. This meant risks were immediately reduced during our inspection.
- External professionals who visited the service told us they felt the staff team were very friendly and kind, knew people well and were able to anticipate some of their needs.
- People's relatives told us they felt there was a kind and positive culture in the service. One relative said, "I always find the staff extremely friendly and helpful. My [relative] is always telling me how lovely and kind everyone is." Another said, "[Manager's name] has been great with [relative's] placement going to a full time forever home and she has always welcomed us as a family to visit. We're blessed to have [relative] in such a warm and welcoming environment and they tell me all the time they are happy."

#### Continuous learning and improving care

- Complaints, concerns, accidents, incidents and near misses were recorded and monitored. These were reviewed by the manager and the provider had oversight of these. Meetings were held to review any incidents accidents and the provider had a health and safety manager who also completed their own more detailed review when needed.
- However, care records and risk assessments were not always detailed to reflect what had been considered following any accident or incident. For example, one person had fallen out of bed. Although they were not injured and there was mitigation in place, records did not demonstrate that alternative equipment had been considered to reduce the known risk. We discussed this with the provider and manager who said they would improve their records to demonstrate this.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team were open with us and committed to ongoing service development.
- The previous performance rating was prominently displayed in the reception area.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.

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

- Staff said they enjoyed working in the service and felt supported. It was clear staff cared about the people they were supporting and had the skills and knowledge to meet their needs. Comments from staff included, "I love it here, the residents [people] are great here and we have a good relationship", "We are a good team, we can have ups and downs, but all pull together when we need to" and "I get on well with all the staff and we work well together."
- The management team consulted people and relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and their relatives and review meetings. A recent change resulting from discussion with people, had been the main meal of the day was now served in the evening. The manager told us people had chosen this as some like to get up later and they have breakfast when it suits them, so did not want a big meal at lunchtime. This demonstrated people were involved in decisions about their home and these were reviewed and adapted to suit individual needs. In addition, annual satisfaction surveys were completed and used to make changes or improvements if needed.
- The manager told us they were committed to listening to people, their relatives and staff, so they could bring everyone together and build a strong consistent team. Senior staff were in place and supported other care staff to develop their skills and knowledge. This included newer staff being partnered with more experienced staff, so they could receive practical support and increase confidence.

- Staff were kept up to date with important information or any changes through regular team meetings.

#### Working in partnership with others

- The manager and staff worked in partnership with other organisations. These included healthcare professionals such as GP's, community nurses, and social workers.
- A local area care home support team had recently been working with the service and from this had developed an action plan. This demonstrated the provider was open to ongoing development.