

Mrs T Hounsome and D S Sandhu

St Christopher's Residential Home

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?	Requires Improvement ●

Summary of findings

Overall summary

St Christopher's Residential Home has 18 bedrooms and is registered to accommodate a maximum of 19 people. It specialises in providing support to older people who require minimal assistance with their personal care. The service does not have a hoist and therefore only provides accommodation to people who can transfer, for example from bed to a chair either independently or with minimal support from staff. Bedrooms are located over four floors which are accessible via stairs or a stair lift. There is level access to a patio at the rear of the property where there are raised flower beds. At the time of our inspection 14 people were living at the service, two of whom had agreed to share a room.

A registered manager was 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 and associated Regulations about how the service is run.

At the last inspection we identified a breach of Regulation 10 of the Health and Social Care Act (HSCA) 2008 which is equivalent to Regulation 17 of the HSCA regulations 2014. At that time the provider had no quality assurance systems governing infection control, records or care plans to enable them to identify shortfalls in service provision. At this inspection we found this breach had been met, however systems had not yet been fully embedded, and was therefore an area of practice that needs improvement to ensure that risk was managed and improvements sustained.

Since the last inspection the provider had made improvements in relation to the storage of medicines and the recording of the quantity of medicines received from the pharmacy. They had also ensured that the risks associated with people who went out independently, and actions staff should take to reduce these risks, had been documented.

People's independence was promoted; they were supported to remain mobile and encouraged to go for daily walks.

People had access to activities and opportunities for social engagement and stimulation. Exercise and arts and crafts sessions were held on a regular basis, activities such as quizzes were arranged in the afternoons and singers or musicians visited once a month to provide entertainment. People were supported to maintain relationships with people that mattered to them. Relatives were made to feel welcome.

Everyone told us they were happy with the care they were receiving and one person told us, "I get what I need, it's really good here." Another person commented "The girls are marvellous, very pleasant. You only have to ask and it's done." Relatives were kept informed of their loved one's wellbeing and any changes in their needs.

One person told us "The staff are lovely, we are looked after very well." Another commented "I feel very

happy here. It's a very homely place." A relative told us "I think the staff are good in their attitude to residents." A visitor told us "The staff are lovely. The care here seems very good; I'd recommend it"

People's privacy and dignity was respected and upheld. One person told us "They are good when dealing with me privately." Another person commented "They are respectful, they knock when coming in."

Meal times were relaxed and sociable. People spoke highly of the quality of the food on offer which was homemade from fresh ingredients.

Feedback was regularly sought from people, relatives and staff. 'Residents' meetings were held on a regular basis which provided a forum for people to raise concerns and discuss ideas.

People's needs had been assessed and planned for. Plans took into account people's preferences, likes and dislikes and were reviewed on a regular basis. Staff worked in accordance with the Mental Capacity Act (MCA) and associated legislation ensuring consent to care and treatment was obtained. People were supported to make their own decisions and where people lacked the capacity to do so relevant legislation was followed.

People's health and wellbeing was continually monitored and the registered manager regularly liaised with healthcare professionals for advice and guidance. People received medicines on time and records of people's health and emotional wellbeing had been maintained. One person told us "I get my medication and they supervise me taking them." Staff were responsive when people needed assistance. Staff checked to make sure that equipment people needed to move was within reach and offered people encouragement to use them.

People were supported by sufficient numbers of suitably qualified and experienced staff, most of whom held a nationally recognised qualification in care. The recruitment and selection procedures in place ensured that appropriate checks were undertaken before staff began work. Staff knew what action to take if they suspected abuse had taken place and felt confident in raising concerns. They received the training and support they needed to undertake their role.

Risks to people were identified and managed appropriately and people had personal emergency evacuation plans in place in the event of an emergency. Accident and incidents had been recorded and monitored to identify any themes or trends.

People, their visitors and staff had confidence in the leadership of the service. The management of the service were open and transparent and a culture of continuous learning and improvement was promoted. The provider had ensured there were processes in place to respond to complaints appropriately.

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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good ●

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were provided with a nutrition diet that met their needs.

People's health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

Visitors were welcomed and people were supported to maintain relationships with people that mattered to them.

Care was delivered in a professional, caring and kind manner.

Staff knew people well and people were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff responded quickly when people's needs changed, which ensured their individual needs were met.

There were opportunities for social engagement and involvement in regular activities.

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

The service was not consistently well-led.

Improvements had been made in relation to monitoring, evaluating and assessing the quality of the service, but these needed to be further embedded to ensure that risk was managed and improvements sustained.

The provider and registered manager were accessible and approachable and people spoke highly of their leadership.

Feedback about the quality of the service was regularly sought to help drive improvement.

Requires Improvement 

St Christopher's Residential 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 checked 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 home, and to provide a rating for the home under the Care Act 2014.

We visited the home on the 14 June 2016. This was an unannounced inspection. The inspection team consisted of one inspector and an Expert by Experience who had experience of older people's residential care homes. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with eight people who lived at the service, three relatives, two other visitors, three care staff, the chef and the deputy manager.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home. St Christopher Residential Home was last inspected in January 2014, where concerns were identified in relation to the storage of medicines and the lack of quality assurance systems in relation to medicines and infection control. At this inspection we checked to see whether or not these concerns had been addressed.

We spent time observing how staff interacted with people and spoke with people at length. During the inspection we reviewed records which included staff training records and policies and procedures. We looked at five people's care records and medicine administration records. We also 'pathway tracked' people living at St Christopher Residential Home. This is when we looked at their care documentation in depth and

obtained their views on how they found living at the home.

Is the service safe?

Our findings

People their relatives and other visitors told us they felt people were safe living at St Christopher's Residential Home. Comments we received from people in relation to their safety included "I feel completely safe here.", "I've always felt safe here. I've never lost any property." And "Everything's fine for me."

At the last inspection we found that improvements were needed in relation to the storage of some prescription medicines. At this inspection we found that the provider had ensured improvements had been made and these medicines were now being stored in line with good practice guidelines. Improvements had also been made in relation to the recording of some medicines when they were received from the pharmacy. We saw that action had been taken to address this issue and staff were now recording the quantity of medicines when they were received.

People received their medicines safely. Staff that administered medicines had received relevant training and our observation confirmed that they administered medicines in line with current good practice. Medication Administration Records (MAR) charts had been completed to indicate whether people had taken their medicines and any errors had been investigated. One person told us "I get my medication and they supervise me taking them." Another person told us "They ask if you need tablets."

At the last inspection it was identified that improvements were needed in relation to documenting the risks associated with people going out independently and the actions staff should take to reduce these risks. At this inspection we found these improvements had been made. A range of other assessments were also in place to assess risks to people such as falling, developing pressure sores, using stairs and falling out of bed. Each risk assessment considered the level of risk, and provided staff with guidance as to the actions they needed to take to reduce the risk. We saw to reduce the risk of some people falling, they used walking frames to assist them to walk independently. We observed staff checking to make sure that people's frames were within reach and offered people encouragement to use them. One person told us "I can move around myself with the help of a walker." Another person who staff supported to go out for a daily walk told us "I can go for a walk if I want and someone goes with me". People were supported to take risks. Some people had expressed a preference to go out and about independently and were supported to do this. Staff told us they supported one person to make sure their phone was charged and that they had the numbers of who to contact in case of an emergency. They also told us they knew when people were going out, where they were going and when they were due back.

Systems were in place to protect people from abuse and keep them free from harm. Staff members were knowledgeable in recognising signs of abuse and the related reporting procedures. Staff confirmed they had received safeguarding training and received regular training updates. Information about how to recognise abuse and who to contact should they suspect abuse was on display and staff told us they would have no hesitation in reporting any concerns they may have.

There sufficient numbers of staff on duty to meet people's needs. There were three care staff, a cleaner and chef in the morning and two care staff in the afternoon. In addition to this, the registered manager worked at

the service full time Monday to Friday, and was supported by the deputy manager who worked 15 hours a week. Staff told us the registered manager often worked or visited at the weekends. During the night, a waking member of staff was on duty and the registered manager and provider were on call. The deputy manager and staff told us working hours were flexible to meet people's individual needs, for example to support people to attend health care appointments. Visitors and relatives told us they felt the home had enough staff to meet the needs of people and our observations were that people's requests for assistance were answered promptly. One person told us "Generally there are enough staff. They are very good with residents who feel less capable." Another person told us "There are enough staff and they are sympathetic with those who are difficult." A further person told us "The staff are good. If I call for help, they usually come quickly."

The recruitment of staff was safe. Staff recruitment records confirmed the provider had undertaken all checks, such as Disclosure and Barring Service and obtained all relevant information. This included references, application form, offer of employment and work history.

There were systems in place to ensure the health and safety of the premises and equipment. We observed that all areas were clean and hygienic. One person told us "The home is generally clean. They do my room daily." Another person told us "It's very clean here and my room is done daily." Both sets of stairs to the upper floors had chair lifts fitted which were regularly checked as were the fire alarm system, hot water system and appliances. The provider was responsible for the on-going maintenance and renewal of the premises. Staff told us if anything needed repairing they wrote this in the maintenance book and the provider then took action to make sure the repairs were made in a timely way. In the event of an emergency, the provider had an agreement with a local care home that people could be evacuated there for safety.

Is the service effective?

Our findings

People had their assessed needs and preferences met by staff with the necessary skills and knowledge. Staff received training in areas such as fire safety, mental capacity, diversity, food hygiene, safeguarding, infection control, management of hazardous substances, health and safety and medication. Additional guidance and support was provided by health care professionals to staff to meet people's other specialist care needs for example from the falls prevention team. Comments we received from people about the competencies of staff included "Yes, they are trained and they do the training here." "They seem to know what to do", "Yes, they are all well trained". A relative told us they felt that staff were competent and had a good understanding of their loved one's needs. They commented "I do believe she is very well looked after here." Another relative told us "I am confident in the way they take care of her."

Processes were in place to ensure that new staff had the competencies they need to meet people's needs. Staff that had started work at the service since the last inspection had completed an induction programme to ensure they had the competencies they needed to undertake their role. This included the completion of essential training, and shadowing experienced staff whilst they got to know people's needs, preferences and choices. New staff were also required by the provider to complete the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff felt the training they had received had prepared them for their role and said they felt confident and competent to support people with age related conditions.

Additionally, staff regularly attended training provided by the local council and through distance learning. Training records confirmed staff received training that was essential in meeting the needs of older people such as dementia awareness and end of life care. Most staff had obtained a nationally recognised qualification in care and had worked in the care industry for many years. On-going support and development was provided to staff who received a yearly appraisal and supervision meetings with their manager. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff told us they could approach their manager for support and guidance on a daily basis if they were not sure about something and they found staff meetings and staff handovers helpful. They told us these meetings provided them with the opportunity to raise any concerns or discuss practice issues.

People were supported to maintain good health and received on-going healthcare support. The provider and staff members understood the importance of ensuring people had regular healthcare checks ups and attending GP or hospital appointments. The provider worked in partnership with district nurses, the older people's mental health team and the falls prevention team. It was clear staff had a firm understanding of people's current healthcare needs and made relevant referrals when needed. Staff had access to visiting district nurses notes and were aware of who they were visiting and why, for example to apply dressings. Comments we received from people about their health care confirmed that health care support was sought when needed and included "We get the chiropodist visiting." "If I was unwell, they would get the doctor in." "The doctor visits when I'm not well." "They would definitely call the doctor for me."

People received a varied and nutritious diet which they enjoyed. Food was homemade from fresh ingredients and people were able request an alternative meal if they did not want the food on offer. People were asked each day what they would like for their meals and the menu was displayed in the dining area informing people of the choices. The chef had a list of people's likes and dislikes available in the kitchen and the provider regularly encouraged people to comment on the meal choices available and what they liked. We observed that lunchtime was relaxed and informal and people were able to sit where they wanted. Comments we received from people included "The meals are very good." "I think you could have something different." "The food is nice, there is enough." "No complaints about the meals, they are substantial", "The portions are big enough and tasty." "The food's always hot."

People's weight was monitored and their food and fluid intake was recorded. Where people experienced weight loss or weight gain, input was sought from the relevant health care professional and guidance provided for staff to follow.

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 checked whether the service was working within the principles of the MCA.

The registered manager told us, and records confirmed, they had submitted DoLS applications for some people who lived at the service. Staff had additional guidance to help them understand what day to day decisions people were able to make, and where they might require additional support. Mental capacity assessments had identified where individuals lacked mental capacity to make a specific decisions and best interest decisions had been made in line with the Mental Capacity Act guidance.

Is the service caring?

Our findings

Staff had a caring and compassionate approach to their work with people. Many of the staff had worked at the service for a long time and knew people and their personal histories extremely well. Staff demonstrated an understanding of the preferences and personalities of the people they supported, with whom caring relationships had been developed. Everyone we spoke with spoke highly of the care people received and the attitude of staff. One person told us "The staff are lovely, we are looked after very well." Another commented "I feel very happy here. It's a very homely place." A relative told us "I think the staff are good in their attitude to residents." A visitor told us "The staff are lovely. The care here seems very good; I'd recommend it."

Staff were caring and respected people's privacy and dignity. They were able to explain how they protected people's privacy and dignity when they delivered care, for example by ensuring doors were closed when delivering personal care. One person told us "They are good when dealing with me privately." We observed staff knocking on people's doors and waiting for a response before entering and heard staff referring to people by their preferred term of address. One person told us "They are respectful, they knock when coming in."

People were treated with kindness and support was provided at a level and pace that suited the individual. One person told us "The girls are kind, they know what we want." Another person told us "The staff are very kind and patient." A further person commented "The girls are marvellous, very pleasant. You only have to ask and it's done."

People's personal appearance was maintained and respected by staff. People chose what clothes to wear and women who wanted to wear makeup were supported to do so. A hairdresser visited on a regular basis and people told us they looked forward to their visits which they enjoyed.

People were supported and encouraged to maintain their independence for example, to go out for walks. We saw people helping with light house work such as laying the table and folding laundry.

People were able to express their views and were involved in making decisions about their care and support. Staff told us they consulted people and with the person's agreement their relatives, about their care and treatment. One person told us "I am aware I have a care plan. They involve me in decisions." The home had a 'resident's representative' who was an appointed person that people could go to and discuss any queries or suggest ideas to raise at resident meetings. A picture was displayed on the noticeboard ensuring everyone knew this person was.

People were supported to maintain relationships with people that mattered to them. Staff explained they supported people to maintain relationships with their family and friends by making arrangements for visits at the service. They also supported people to send birthday and Christmas cards to family members. Visitors were positively encouraged and welcomed. One person's relative told us they visited their loved one weekly. People could spend time with their visitors in the communal areas or their own room. One person told us "They make my visitors feel welcome." A relative told us "The staff are very courteous and kind. They always

make me feel very welcome." The provider had a policy of 'protected meal times'. Staff told us this was so that people could have time to eat their meal in peace without the interruption of visitors to the service, for example visiting healthcare professionals or workmen. They explained family members were welcome to join their relatives for meals.

Is the service responsive?

Our findings

People received care, support and treatment when they required it. They told us their needs had been assessed and they had been able to visit the service before making a decision to move in. The deputy manager explained from time to time people came to stay at the service on a respite basis. People and visiting relatives told us staff listened to them and were responsive to their needs.

Plans of care had been developed from people's initial needs assessment, which provided staff with guidance on how to meet those needs. People and their relatives had been involved in the formation of the care plans and kept informed of any changes. One person confirmed they and their relatives had been involved in their assessment and planning and commented "They asked me about my past". Care plans contained personal information, which recorded details about people and their lives. Each section was relevant to the person and areas covered included, mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Most people only required minimal support or supervision with personal care, however guidance had been written to inform staff exactly which aspects of their care people required support with. Staff commented they found care plans were sufficiently detailed and provided them with the information they needed. They told us people were able to tell them how they wanted to be supported on a day to day basis and they were also informed at handover meetings whether anyone's needs or preferences changed. Everyone told us they were happy with the care they were receiving and one person told us, "Yes, I get what I need, it's really good here". Care plans were reviewed annually and as and when people's needs changed. Daily notes were not necessarily taken each day but were meaningful, regular and up to date.

There were systems and processes in place to consult with people. People told us and records confirmed that residents' meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. The minutes of the last residents' meeting were on display on the notice board for people who had not attended to read. One person told us "We have residents meetings".

People were happy with the activities, opportunities for social engagement and stimulation provided. We saw people reading the papers and chatting in the communal areas. Staff told us that activities provided by external agencies who visited the service included fortnightly art and craft sessions and exercise classes. We saw examples of people's art work on the walls in the communal area and people told us they enjoyed these sessions. Staff explained people were offered the opportunity to go for a walk with a member of staff each morning and that the afternoon staff provided group activities. They told us they did not always plan these activities as they preferred to ask people on the day what they would like to do. On the day of the inspection six people chose and took part in a quiz which was held in the communal lounge and facilitated by a member of staff. From the records we saw this was a popular choice. Comments received from people included "There's enough to do". "I'm happy reading a newspaper". "Sometimes things are happening and we can choose what we do". "There is enough to do that interests me". "There is a bit of entertainment". Staff told us they also arranged for entertainers to visit once a month and that from time to time people were offered the opportunity to go on group outings.

For people who enjoyed spending time in their rooms, staff recognised the importance of ensuring their social needs were met and promoted. Staff told us that one person who preferred to spend time in their room liked to do puzzles, and they regularly went in and had chats with them and to check if they needed anything. Another person told us they were happy reading their newspaper which was delivered to them each day. Several people had their choice of newspapers delivered to them daily and we saw staff handing these to people after breakfast.

Concerns and complaints were taken seriously and would be acted upon. The provider's complaints policy and procedure was on display on the notice board and contained the contact details of relevant outside agencies and the timeframe of when complaints would be responded to. No one we spoke with had had reason to raise a complaint, but told us they would feel confident in approaching the registered manager with any concerns or problems. Comments included "I've not needed to make a complaint". "I can't find anything to complain about". "No, I've never needed to complain, I've had no problems".

Is the service well-led?

Our findings

There was a management structure in place which provided lines of responsibility and accountability. The registered manager was in day to day charge of the service, supported by the deputy manager and provider. In the absence of a member of the management team, a senior member of staff provided day to day leadership and a member of the management team was on call 24 hours a day. Everyone we spoke with told us they felt the service was well-led and run efficiently. One person commented, "I am quite happy here; the Home is managed well." Another person told us, "It's a pleasure to be here". A relative told us "This is a lovely place. It really is right up to standard".

At the last inspection we identified a breach of Regulation 10 of the Health and Social Care Act (HSCA) 2008 which is equivalent to Regulation 17 of the HSCA regulations 2014. At that time the provider had no quality assurance systems governing infection control, records or care plans to enable them to identify shortfalls in service provision. Following that inspection the provider wrote to us to outline the action they would take to ensure the improvements needed were made. At this inspection we found the provider had followed their action plan and systems were now in place to monitor and analyse the quality of the service provided. Internal quality assurance checks, such as audits had been introduced to check whether infection control processes and procedures were being followed and that medication records and care plans were up to date. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards which help to identify areas of practice that need to improve. However, we identified shortfalls in relation to some aspects of these audits for example; the infection control audit had not identified that one of the bathrooms was carpeted. The deputy manager told us this had been an error and that there were plans in place to replace the carpet with suitable flooring, but this had not been indicated on the audit. The medicines audit did not include checking the quantity of some medicines in stock, balanced with the amount indicated on the medication records. Therefore the provider would not easily be able to identify whether the balance of medicines was correct. We did not assess any harm had occurred as a result of these shortfalls, but further improvements were needed to ensure the audits introduced were accurately completed and fully embedded to ensure that risk was managed and improvements sustained.

Staff told us they felt supported by the management and that they worked well together as a team. One staff member told us "If there was something bothering me about work or a personal matter, I would speak to (registered manager's name) or one of my colleagues and I know I'd be listened to." Another staff member told us "(Registered manager's name) is a very good manager. She listens and if you have a problem she will try to help and get it sorted". People felt the registered manager was approachable and they would have no hesitation in raising concerns with them. One person told us "The manager is OK, I find her quite pleasant. She is approachable and she would sort a problem out". Another person told us "I'm sure they would sort out any problems for me".

Staff spoke about the philosophy of the service being about promoting people to remain independent. One staff member told us "We try and encourage people to do as much as they can for themselves". Another told us "We support people to remain mobile for as long as possible; we encourage people to keep moving, go for walks outside and if they can't do that then to at least walk around inside".

There were systems and processes in place to consult with people, relatives and staff. Feedback from residents confirmed they felt treated with respect and comfortable living in the service. Staff meetings were held which provided staff with the forum to air any concerns or raise any discussions.

Policies and procedures were in place which provided guidance to staff members on all aspects of the service, such as infection control, data protection and confidentiality. Staff were aware of the procedures and used them for reference. The registered manager was aware of their responsibilities under the Care Act and had informed the commission of notifiable events appropriately.