

St Christopher's Homes

# St Christopher's 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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 8 February 2016 and was unannounced. The service is registered to provide accommodation for people who require personal care for up to 54 people. The service caters for older people and at the time of our inspection there were 44 people living there.

There was a registered manager in post at the time of our inspection. 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.

Systems were in place to ensure people were protected from abuse; staff had received training and were aware of their responsibilities in raising any concerns about people's welfare. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The provider had robust recruitment systems in place; which included appropriate checks on the suitability of new staff to work in the home. Staff received a thorough induction training to ensure they had the skills to fulfil their roles and responsibilities. There were enough suitably skilled staff available to meet people's needs.

People's care was planned to ensure they received the individual support that they required to maintain their health, safety, independence, mobility and nutrition. People received support that maintained their privacy and dignity and systems were in place to ensure people received their medicines as and when they required them. People had opportunities to participate in the organised activities that were taking place in the home and were able to be involved in making decisions about their care.

There was a stable management team and effective systems in place to assess the quality of service provided.

## 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.

Systems were in place to promote people's safety and they were protected from avoidable harm.

Risk was well managed and did not impact on people's rights or freedom.

There were sufficient staffing levels to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities efficiently.

Staff sought consent from people before providing care and were aware of the guidance and legislation required when people lacked capacity to provide consent.

People were supported to eat and drink enough and to maintain a varied and balanced diet.

People were supported to maintain their health, received on-going healthcare support and had access to NHS health care services.

### Is the service caring?

Good ●

The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

People's privacy and dignity was maintained.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported to maintain their links with family and friends and to follow their interests.

People were supported to maintain their equality and diversity.

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The manager promoted a positive culture that was open and inclusive.

There was good visible leadership in the home; the registered manager understood their responsibilities, and was supported by the provider.

Effective quality assurance processes were in place.

# St Christopher's Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 February 2016 and was unannounced. The inspection team comprised two inspectors. Before the inspection we looked at the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

Prior to this inspection we contacted local health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. We also contacted Healthwatch Northampton which works to help local people get the best out of their local health and social care services and Total Voice Northamptonshire, an advocacy service which supports people who use adult mental health services.

During our inspection we spoke with seven people who used the service, eight members of staff, including care staff. We also spoke with two people who were visiting their relatives. We also looked at records and charts relating to four people, we viewed three staff recruitment records and we observed the way that care was provided.

# Is the service safe?

## Our findings

People told us they felt safe living at the home and they looked relaxed and happy in the presence of the staff which indicated they felt safe. One person said "The staff here are all wonderful."

Staff were aware of their roles and responsibilities in protecting people from harm and had access to appropriate policies and procedures. Staff had received training in safeguarding and were aware of the various forms of abuse and the action they would take if they had any concerns. One member of staff said "We have training in safeguarding and know what to do if someone was at risk of harm; we would report it to the manager immediately so that they could make the appropriate referrals."

Safeguarding allegations were reported to the appropriate authority and those that had been referred back to the management to investigate, had appropriate investigations conducted. Where necessary action had been taken to address the concerns raised; for example disciplinary action had been taken against staff and the required referrals had been made to the appropriate authorities.

People's individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people had movement and handling risk assessments which provided staff with instructions about how people were to be supported. People also had risk assessments in place to reduce and manage the risks of other complications such as pressure damage to the skin and falls. When required people had appropriate equipment supplied to reduce the risks of falls and damage to the skin through the effect of pressure on the body. The plans of care also contained individual personal emergency evacuation plans for use in an emergency situation. The plans of care and risk assessments were regularly reviewed and updated as people's individual needs changed.

The provider had effective recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained all of the required information.

Staffing levels were good; people told us that staffing levels had been increased and this had reduced the time they waited for attention. One person said ""There are always enough staff on duty." They also told us they thought the staff had the right skills to provide the care they needed. One person said "I think we are pretty well looked after here; all the staff work very hard." Staff also confirmed that there were enough staff to ensure that people's needs were met. During our inspection we noted that call bells were answered promptly and the provider had a system in place to monitor the time that people had to wait for their call bells to be answered. The management had a system in place to determine safe staffing levels based on the assessment of people's individual needs. Care staff were supported by an activities co-ordinator, catering and other domestic staff.

People received their medicines as they were prescribed; one person said "My pills are always ready for me". Staff told us they were trained in the administration of medicines and that the management team

conducted annual checks to ensure their competence or more frequently if required. We observed a medicine administration round and saw that staff administered medicines safely; people had sufficient supplies of their prescribed medicines. Safe systems were in place for ordering, storage and disposal of medicines. Medicine administration records were in general good order and demonstrated that people's medicines had been given as prescribed.

# Is the service effective?

## Our findings

People were provided with effective care and support. People told us they thought the staff had the skills needed to support them. One person said "The staff are all knowledgeable", and another said "I am happy with everything here; the staff are marvellous." Staff told us they had undertaken an effective induction training which had equipped them with the skills and knowledge they needed before being allowed to work in the home. Induction training was followed by a period of supervised practice where new staff worked alongside experienced staff until they were considered competent. One new member of staff said "I had a good induction. I spent one week reading policies and procedures and three weeks shadowing staff." Another member of staff said "I read all the care plans and got to know how people needed to be cared for; I had a lot of support from experienced staff."

Staff told us they received effective training in the skills needed to support the people they cared for. One member of staff said "The staff training here is good. I recently had training in first aid and health and safety and I know why I need to document things now." Staff also told us they were supported to undertake additional training to obtain formal qualifications for example Qualifications and Credit Framework (QCF) in Care. Staff had good interpersonal skills and understood people's individual needs. Staff were attentive and supported people effectively.

The provider had a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in a range of care related subjects such as; health and safety and movement and handling. Staff also had training in subjects relevant to the needs of the people who used the service for example training in dementia awareness and the Gold Standards Framework training in end of life care provided by a local hospice.

Staff received regular staff supervision from their line managers to ensure they were supported in their roles and their development. The staff we spoke with confirmed this; one member of staff said "We have regular supervision from our team leaders; we discuss our performance and our training needs. It also gives us an opportunity make suggestions or to raise any concerns we might have."

Staff sought people's consent before providing any support; they offered explanations about what they needed to do to ensure the person's care and welfare. Staff told us how they sought consent and involved people in decisions about their lives whilst they were providing their support; for example decisions about their personal routines and how and where they spent their time. One person said "The staff always ask before they do anything for me to check its ok and what I want." Individual plans of care demonstrated that people's formal consent was obtained relating to a range of circumstances; for example the use of photographs for identification purposed and consent for staff to conduct routine night checks.

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 and we saw that they were. The management and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals. The manager was knowledgeable about the MCA and DoLS and where people lacked capacity to make informed decisions; decisions were made in people's best interests.

People told us they had enough to eat and drink and were happy with the food provided. One person said, "The food is very good, I have choices about what I eat and drink." Another person said "We get plenty to eat and drink here and the puddings are very good here." Staff were knowledgeable about people's individual needs and preferences and provided sensitive and patient support for people who required their assistance.

A seasonal menu offered a varied choice of nutritious food including the option of three hot meals a day; special diets and vegetarian options were available as required. Menus contained information about the ingredients and food additives so that people could make informed choices. A member of staff said "If someone changes their mind about their order we can offer them another choice and "People can choose where they eat, some like to eat in their room most people like to sit either in the dining room or the lounge."

Individual plans of care showed that all of the people living at the home were assessed for their nutritional risk; these included regular checks on people's weights. When people were found to be at risk they were referred to their GP and the NHS dietician; they were also assessed more frequently and had their food and fluid intake monitored. Food and fluid records showed that vulnerable people were offered sufficient food and fluids within a 24 hour period.

One person said "I am feeling much better now that I have moved in here." People had access to a range of NHS services; including hospital services, GPs, specialist nurses, speech and language therapists, podiatrists, dentists and opticians.

People had access to appropriate equipment to promote their wellbeing; for example people were provided with appropriate pressure relieving equipment and staff supported people to change their position regularly, to reduce the risk of damage to the skin. Staff told us that they had sufficient and appropriate movement and handling equipment to safely assist people who were unable to mobilise independently. Staff used appropriate movement and handling techniques and good communication skills when supporting people to change their position for example when rising from their chair. People had access to appropriate aids and adaptations to support their mobility and independence. One person said "My independence has increased very much since I have been here because of the support the staff have provided."

## Is the service caring?

### Our findings

People were cared for by staff who were kind and compassionate towards them. For example one person said "The staff are all very kind and friendly." A relative said "One member of staff came in on her day off to bring her cat in for my relative to see."

We witnessed several acts of kindness towards the people who lived at the home. Staff were swift to respond to people's needs and regularly checked on their comfort and well-being. Staff were skilled in communicating with people, they approached people from an angle they could be seen; with smiling faces, provided good eye to eye contact and open body language. They also addressed people by their preferred name and used touch to engage and reassure people. This provided people with a calm environment where people were contented.

People felt listened to and their views were acted upon. For example one relative said "It was the best Christmas present I could have when my husband came here, everyone has been so kind and helpful". Staff addressed people by their preferred name; treated people as individuals, listened to them and respected their wishes. People looked well cared for and were also supported to make decisions about their personal appearance, such as their choice of clothing.

People's privacy and dignity was respected, staff were swift to support people to maintain their personal hygiene during their activities of daily living. Personal care was provided in the privacy of people's own rooms and 'do not disturb signage was in place'. Staff knocked on people's doors before entering their rooms and bedroom doors were fitted with individual door knockers and appropriate privacy locks.

Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. During the inspection we saw visitors were coming and going freely. One relative said: "I feel able to and do visit at any time" and another said "The whole family are welcomed here and involved in what's going on."

## Is the service responsive?

### Our findings

People were assessed prior to moving to the home to ensure the service was able to meet their needs, and these assessments formed the basis for the development of individual plans of care. People could be involved in their care planning if they wished, however most relied on their family members to participate in the care plan development and reviews on their behalf.

People were able to make decisions about their care. For example people were able to choose their own personal routines including their times of rising and retiring to bed. People were also able to choose how to spend their time, whether to engage in the planned activities and where to receive their visitors.

The individual plans of care were tailored to meet people's individual needs and contained life histories so that the care provided and their personal routines could support their previous lifestyles. Individual plans of care contained instruction to staff about how people's individual care and support was to be provided. These were reviewed on a regular basis or as people's needs changed. People's daily records demonstrated that staff provided the care to people as specified within their individual plans of care. Staff were responsive to people's needs and call bells were answered promptly during our inspection.

People were supported to engage in a range of activities of their choosing. People had access to a resident vicar and two chapels that provided people with access to regular Church of England services. People told us that there were planned activities that they could engage with if they wished. One person said "There is lots to do here" and a relative said "I know there are activities for anyone that wants to take part but my mum chooses not to." There was a comprehensive programme of activities that was displayed in public areas; this offered a range of activities including arts and crafts, physical activities, games and outings. □

People told us they were able to raise concerns about the service and had confidence that they would be listened to and that action would be taken to address their concerns. One person said "I know who to talk to if I have any concerns, I would speak to the manager." A relative said "If I have any concerns I feel comfortable to go to any of the staff; there is no barrier." Staff were aware of their roles and responsibilities in listening to people's views and reporting any concerns raised.

Copies of the complaints procedure were displayed within the home and were referenced in the statement of purpose, a document that is given to people who use the service and their representatives when they moved to the home. We reviewed the complaints file and found that there had been no formal complaints since our last inspection.

# Is the service well-led?

## Our findings

All of the people who lived at the home were satisfied with the way the home was run and knew the manager and that the manager was available if they wished to speak to them. A relative said "The staff are all knowledgeable, we have no complaints; I have met the manager and if I was worried about anything I would tell one of the staff or the manager."

All of the staff we spoke with were positive about the management of the home, one member of staff told us "The manager is very approachable; we can go to her for advice and support if needed." The manager had a visible presence within the home and was accessible to the people who lived there, their visitors and staff. The manager had a good understanding of the needs of the people being cared and the culture within the home.

The provider's vision and values were defined within their statement of purpose and included 'The provision of support to sustain the spiritual aspirations of every resident and to offer the opportunity for regular Anglican worship and pastoral care within the home.' And to ensure our care provision is compatible with residents' needs and to promote excellent care to our residents; to create a 'homely' environment and maintain a healthy and safe environment. To enable our residents to be as well, as independent and as happy as they can be.'

The management and staff were clear about their roles and responsibilities in promoting these values within the home. A relative said "This is one of the best care homes in the area; it has a good Christian ethos with regular prayer meetings and services, it's very nice."

People were involved in the running of the home; records showed that the manager held meetings with people who used the service and their relatives about things that were happening in the home. Meetings provided people with an opportunity to be involved in making decisions such as menu planning and planning the activities as well as providing opportunities for people to express their views about the service.

Regular staff meetings were held to inform staff about service developments and other relevant topics. Staff also had regular supervision which provided them with opportunities to raise concerns and to question practice. One member of staff said "We are able to make suggestions about the running of the home, the provision of care and our own personal development at any time but also in staff meetings and during supervision." Systems were also in place to monitor the performance of staff and assure their competence; when staff failed to fulfil their responsibilities appropriate disciplinary action had been taken.

The management had established links with the local community including links with local schools that visited the home to participate in seasonal celebrations and performances. Links had also been established with local scouts and girl guides. One resident had been supported to address local children about their experiences during the second world war. The service had also established links with the local police and were involved in a local initiative called 'Jammin the Hood' which is a local scheme to make a better and safer community.

The registered manager ensured that the Care Quality Commission (CQC) registration requirements were implemented and we were notified about events that happened in the service; such as DoLS authorisations, accidents and incidents and other events that affected the running of the service. The provider visited the home on a regular basis to ensure the effective running of the service.

There were established quality assurance systems in place. The management conducted a range of internal audits for example, the analysis of accidents records to identify risk factors and trends; the management of medicines, health and safety and staff training. Recent record keeping audits had identified that records were not always accurately completed; for example fluid balance charts did not reflect all of the fluids that people had taken and the amounts were not always totalled after each 24 hrs. period to ensure adequate intakes. Records showed that this had been raised with staff at team meetings and on an individual basis during supervision. Subsequent action included a review of the format of records to make the documentation more user friendly and the charts had been located within people's bedrooms. Staff also told us that they had received training in record keeping. The management has subsequently implemented a daily audit of records to ensure that they were completed in a timely and accurate way.

The management had conducted an annual satisfaction survey, the last having been conducted in July 2015 which indicated a good level of satisfaction with the service provided. The service had received numerous thank you letters and cards from satisfied relatives during the last year; one person had written 'I was so impressed and moved by all the amazing additional work that staff did for [name] and another said 'I can't thank you enough for the care and kindness you show to [name] and to us too!!'