

HC-One No.1 Limited

St Christopher's Care Home

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 Christophers Care Home is a care home providing accommodation for up to 163 people older people, some of whom are living with dementia. At the time of the inspection there were 53 people living at the home.

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

There were systems in place to help manage the risks associated with Covid-19. Training relating to infection control and Covid-19 had been delivered. Policies had been produced by the provider. Staff knew how to reduce the risk of transmission of Covid-19; however, they did not always follow safe practice. This related to donning and doffing of Personal Protective Equipment (PPE), cleaning regimes and working practice. Recent changes to PPE requirements had not been shared within the staff team and therefore staff did not use all the required equipment.

Governance systems were used in the service. There was an action plan in place to drive improvement throughout the service. However there had been a failure to embed good infection control practice in relation to Covid-19. This placed people at risk. Feedback from people and their relatives about staff was positive.

People felt safe and told us the staff looked after them well. People's safety and welfare was monitored. However, we found one person had not always received care in accordance with their assessed needs. There was an overview of accidents and events and these were reviewed to help ensure there was not a reoccurrence. Medicines were managed safely.

People and staff told us that staffing levels were not appropriate to meet people's needs. They told us this meant a delay in care needs being met and staff felt care was task led and not person-centred. On the day of inspection, we saw people's needs got met in a timely way. The registered manager told us staffing levels were set according to people's dependency. This was an area that needed to be reviewed by the provider to ensure staffing levels remain appropriate to meet people's needs.

People were given choices and staff knew people well. Care plans gave staff the information needed to meet people's needs in most cases and we saw these were reviewed regularly. People were encouraged to eat and drink well to help promote their wellbeing.

Rating at last inspection

The last rating for this service was Requires Improvement (published 31 October 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the care people received. A decision was made for us to inspect and examine those risks.

As a result, we undertook a targeted inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

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 Christophers Care Home on our website at www.cqc.org.uk

We have identified breaches in relation to infection prevention and control and management oversight at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

St Christopher's Care Home

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had made the required improvements following the last inspection. We will assess all of the key questions at the next comprehensive inspection of the service.

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

This inspection visit was undertaken by two inspectors. A third inspector made telephone calls to relatives.

Service and service type

St Christophers Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We had requested information from the

provider prior to the inspection and this information was used as part of the inspection plan.

During the inspection

We spoke with six members of staff and the registered manager. We spoke with three people who used the service and received feedback from four relatives. We received feedback from two visiting health and social care professionals. We contacted the local authority for their feedback.

After the inspection

We reviewed records relating to the management of the home and governance systems. We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection we found that the rating had remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections as they ensured visitors wore PPE, completed a health questionnaire and took a lateral flow test. However, we noted that a person who was isolating had visitors in their room. We asked the registered manager if there should be visitors in an isolation room and they told us there should not be. The staff going in the room did not challenge that there were visitors.
- We were not assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. We saw staff go into a room of a person who was isolating carrying their apron and gloves instead of putting on the PPE prior to entering. We also saw staff not following safe practice in removal and replacing of masks.
- We were not assured that the provider was promoting safety through the layout and hygiene or practices of the premises. We were not assured the provider was making sure infection outbreaks can be effectively prevented or managed. This was because staff did not ensure that equipment was cleaned after being used for people in isolation. We saw a staff member put a hoist in a bathroom and needed to intervene as another staff member took the hoist, which had not been cleaned, to support another person.
- Items from isolation rooms were left outside the room in a corridor. We saw a person touch the table of someone who was isolating as it was left outside the room.
- We saw a staff member go into an isolation room in a fabric lunch service apron without additional PPE and then leave the room and continue to serve lunch. No handwashing was observed.
- We were assured that the provider's infection prevention and control policy was up to date. However, the registered manager and staff were not aware of the content and recent change in guidance as it stated that eye protection must be worn when supporting a person who was isolating. Staff did not wear eye protection. We asked staff why they were not wearing eye protection and they told us because it was not needed.
- We were assured that the provider was meeting shielding and social distancing rules. However, we saw that people who were isolating in their rooms due to recently coming into the home, had their doors open without an individual risk assessment in place. We also found that there were no care plans for managing this isolation safely.

We raised a safeguarding with the local authority.

Therefore, this was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was admitting people safely to the service.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person said, "I'm very happy, staff are lovely." Relatives also told us they felt people were safe. One relative said, "They are nice and friendly, seem to treat [person] very well."
- People had individual risk assessments. Staff were aware of people's individual risks. For example, they knew who was at risk of choking and what to do to minimise the risk. We noted people were supported safely. We observed staff support a person who was very anxious and distressed. They did this in a kind, supportive and effective way as the person calmed and was happy to receive the care they needed.
- Staff were aware of how to support people to maintain or improve skin integrity. Records showed that people were supported to reposition, to have cream applied and pressure relieving equipment was in place and checked. However, one person told us they felt they were wearing the wrong size continence products, which aggravated their skin, causing skin damage. The same person also told us that their dressings were often late being changed. We reviewed their records and found that their dressings were not changed in accordance with their plan. For example, the plan stated every two days, but dressings were changed every three or four days in several cases. We raised a safeguarding with the local authority.
- Falls, infections, wounds and any other incidents in the home were reviewed to look for any themes or trends and to check if any additional actions were needed. These were discussed at team meetings.
- People had personal emergency evacuation plans (PEEPS). These detailed how people should be evacuated in the event of a fire. Staff knew how to evacuate people safely in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were reported to us when needed and to the local authority safeguarding team.
- Staff had received training on what signs of abuse to look out for and knew how to report any concerns they had within the home or externally. Staff felt they could raise any concerns with the management team.
- All bruises or skin tears were investigated and reported as needed. Relatives told us that someone from the service contacted them to let them know if their family member had a bruise.

Using medicines safely

- Medicines were managed safely. We checked a random sample of medicines and found that numbers held were accurate to records held. Medicines were stored securely.
- Medicine audits were completed, and staff training was carried out.

Staffing and recruitment

- People praised the staff team and how much they cared but told us the staff were always busy and this meant that they had to wait for support. One person said, "Sometimes I am bursting for the toilet, but I have to wait which seems like a long time." Another person told us, "They try their best but are rushed off their feet." They went on to say, "The call bells go all night and there are only three staff. Some people here need three people to help them."
- Relatives told us there were enough staff and that they were responsive to requests for help. One relative said, "When I am there, there are always plenty of staff. Can't answer whether enough, I wouldn't know. I'm in my [person's] room when I am there, always a bottle of drink and a cup there for them." Another relative said, "I think sometimes they are a bit pressured and I do see signs out for recruiting, wouldn't know if under staff. I get the impression that they are all rather busy. Staff say this in general conversation."
- Staff told us staffing levels needed to be reviewed. They told us at times people's needs were not being met in a timely way. For example, repositioning was delayed as they were busy supporting other people. A staff member said, "It's not a care home, more like a production line." We spoke with the registered manager about this who told this was because staff numbers were reduced when staff were furloughed due to other

units in the home being closed.

- The registered manager told that there were no staff vacancies. There was a continuity plan should the pandemic impact on staffing numbers. They told us that staffing was set according to people's dependency. They went on to say that staff felt busier due to a reduction in numbers following the drop in occupancy at the home.
- We saw during the inspection visit that staff responded to people when they asked for support and call bells were answered promptly. We reviewed care notes which showed regular repositioning for those who needed it and a record of regular checks being completed. We noted that people looked clean and comfortable and there were no malodours in the home.

We recommend that the provider reviews staffing levels to ensure they meet the current needs of people they are supporting in a safe and person-centred way. We also recommend the provider ensures staffing levels can be amended as people's dependency changes.

- Staff told us training and supervisions were ongoing. They told us they felt well prepared and had the appropriate knowledge for their role. One staff member told us, "I've just had refresher on donning and doffing training." The training matrix showed that staff had regular training.
- Staff told us recruitment process included the appropriate checks to help ensure those employed were fit to work in a care setting. This included references and a criminal records check.

Learning lessons when things go wrong

- Staff meetings included information about events and most updates that staff needed to be aware of. However, the recent changes in relation to PPE had not been shared.
- The registered manager added any actions from lesson's learned to the service improvement plan. We noted that where they had noticed increase in falls and skin injuries, additional training had been planned.

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 the last inspection this key question was rated as Requires Improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- At the last inspection we found that the systems in place to monitor the quality of the service and to drive improvement were not always effective. There was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At this inspection we found that there were systems in place for monitoring the quality of service provided. Any actions from this monitoring were added to the home improvement plan to enable them to monitor their progress. Monitoring of the service had identified increases in the number of falls and skin damage. Actions were put into place to reduce the risk of reoccurrences. These checks included regular walk rounds, audits, surveys and meetings. The findings were captured and added into an action plan. We saw that actions were signed off when completed.

- However, we found that the checks had not identified any of the IPC issues found during our inspection, even though the service had been made aware of IPC concerns and were receiving support from the local authority. Staff told us that the registered manager and deputy manager were not often on the units. They told us that the unit managers or nurses supervised their practice. We noted that the unit manager was not on duty on the day of inspection and the nurses were busy providing care. Due to the lack of oversight and robust monitoring of IPC within the service, this was a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People we spoke with knew who the registered manager was. One person said, "[Registered manager] and [deputy manager] come and see me if I have a problem." They went on to say that the issues they had raised continued to be unresolved.

- Staff interaction with people was positive and they were attentive, giving choices for things such as food, drinks, where to sit.

- People and their relatives told us staff were kind and did their best to care for them. One relative said, "It seems very friendly, the staff are all very nice. It is a bit of an eye opener. When [person] was first admitted they [displayed behaviours that may challenge], this has stopped now. Some of the others, they are shouting and screaming, but the staff manage it well, and are very caring towards them."

- Care plans included information that was regularly reviewed to help guide staff and staff knew people well. However, we found that they were not always accurate. One person was assessed as needing repositioning. When we asked to review their repositioning notes the registered manager told us this was no longer needed. Also, one person was assessed as needing a certain size continence product, the registered manager told us this information was incorrect.

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

- Relatives told us that the home had supported people to keep in contact with them during the COVID-19 pandemic. One relative said, "I have attended zoom meetings." However, one relative said they had not received notes to the meetings and no response to their email requesting them. Relatives told us that the staff ensured they completed a [health] questionnaire on arrival for visiting, completed a lateral flow test and wore PPE. Another relative told us how they had been classed as an essential carer to enable them to assist their family member with eating.
- Staff told us that they felt they were supported by team leaders who shared information from daily management meetings which they had attended with the registered manager and deputy manager.
- There were audits across all key areas of the home. For example, falls, care plans and medicines. This information was added onto the provider's monitoring system to give an overview of performance and any areas that needed addressing.

Working in partnership with others

- The registered manager was in contact the local authority and engaging with CQC to support the inspection.
- The management team was open to feedback and wanted to use this to improve and develop the service further.
- The service was working with a local care providers association to update their knowledge and skills by accessing training that was offered.
- A health care provider told us, "I have developed a good working relationship with the management there." They went on to say that the service was one of the first to trial a new way of working with them.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured that consistent, safe practice was maintained in relation to infection control and prevention. This placed people and staff at increased risk.

The enforcement action we took:

We imposed conditions on the provider's registration to help drive improvement.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured that the systems in place to monitor safe practice were effective and robust.

The enforcement action we took:

We imposed conditions on the provider's registration to help drive improvement.