The Congregation of the Daughters of the Cross of Liege

St Wilfrid's Care Home

Inspection report

29 Tite Street
Chelsea
London
SW3 4JX

Tel: 02073515339
Website: www.stwilfridssw3.org.uk

Date of inspection visit:
21 March 2016
22 March 2016
23 March 2016

Date of publication:
24 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We conducted an inspection of St Wilfrids Care Home on 21, 22 and 23 March 2016. The first day of the inspection was unannounced. We told the provider we would be returning for the second and third days.

At our previous inspection in July 2014 we identified some issues in relation to the care and welfare of people and in relation to compliance with the Mental Capacity Act. The provider sent us an action plan after this inspection setting out how they planned to address these issues. We conducted this inspection to check that improvements were being sustained in accordance with the provider's latest action plan. We found that improvements had been made.

St Wilfrid's Care Home is a care home for up to 44 older people. There are three floors at the home, all overseen by the general manager and the registered manager. There were approximately 15 residents on each floor. The first floor was home to approximately 15 older people, some of whom had mobility problems and the second and third floors were home to those with more advanced needs including dementia.

There was a registered manager at the service. 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.

We observed some unsafe practices in relation to how medicines were administered on the first day of our inspection and there were some errors in the recording of controlled drugs. All other aspects of medicines management were dealt with appropriately.

Risk assessments and support plans contained clear information for staff. All records were reviewed every month or where the person's care needs had changed.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision. There were enough staff employed to meet people's needs.

People who used the service gave us good feedback about the care workers. Staff respected people's privacy and dignity and people's cultural and religious needs were met.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their health needs and were supported to access a range of healthcare professionals.

People using the service and staff felt able to speak with the management team and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful. An activities programme was in place and this included a mixture of one to one sessions and group activities.

The organisation had adequate systems in place to monitor the quality of the service. Feedback was obtained from people through monthly residents meetings and annual questionnaires about the service and the results of these were positive. There was evidence of auditing in many areas of care provided and actions were taken to rectify issues.

We made a recommendation to the provider with regard to documenting the learning and development needs of staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. We saw some unsafe practises when observing the administration of medicines. The risks to people's health were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Good

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff demonstrated a good knowledge of their responsibilities under the MCA.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision and training to carry out their role. Annual appraisals were not conducted. However, the general manager told us that staff learning and development needs were incorporated into the supervision process. We saw a variance in the recording and monitoring of staff member's learning and development needs in the supervision records we saw.

Is the service caring?

Good

The service was caring. People using the service were satisfied with the level of care given by staff.

People told us that care workers spoke to them and got to know them.

People's privacy and dignity was respected and care staff provided examples of how they did this. People's cultural diversity was respected.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these.

People were encouraged to be active and participate in activities they enjoyed. This included group activities, one to one sessions and outdoor visits.

People told us they knew who to complain to and felt they would be listened to.

Is the service well-led?

Good

The service was well-led. Staff gave good feedback about the management team.

Quality assurance systems were adequate. Feedback was obtained from people using the service in the form of questionnaires as well as in person through monthly residents meetings. The management team completed various audits and further auditing of the quality of the service was completed by senior members within the organisation.

St Wilfrid's Care 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 and sustaining improvements previously made to the service, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21, 22 and 23 March 2016. The inspection team consisted of one inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection the specialist adviser was a nurse with expertise in dementia care. The first day of our inspection was not announced, but we told the provider we would be returning for a second and third day.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke with two more professionals who worked with the service to obtain their feedback.

During the inspection we spoke with 13 people using the service. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We therefore used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us to understand the experience of people who could not talk with us.

We spoke with seven care workers, three senior care workers, the chef and the general manager of the service. The general manager had overall responsibility for running the home, but was not the registered manager of the service. The registered manager was not available during the week of our inspection. We looked at a sample of 11 people's care records, six staff records and records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection which took place in July 2014 we identified some concerns in relation to the care and welfare of people living at the service. This was in relation to care plans not providing an accurate description of people's current care needs. At this inspection we found that inconsistencies in care plans and risk assessments had been addressed.

We looked at 11 people's support plans and risk assessments. Initial information about the risks to people was included in an initial needs assessment. This information was used to prepare a comprehensive care plan which included sections on how to keep the person safe, a description of their physical health needs which included areas such as eating and drinking, elimination and their personal care needs. Care records included various risk assessments in areas such as pressure ulcers, social isolation and breathing. The information in these documents included practical guidance for care workers in how to manage risks to people. Risk assessments were reviewed on a monthly basis or sooner if the person's needs changed. People's medical notes and communication from healthcare professionals were kept in a separate file and included more comprehensive details of the physical needs described in people's care plans.
Senior staff had completed medicines administration training within the last two years. When we spoke with the senior care workers, they were knowledgeable about how to correctly store and administer medicines.

Medicines were delivered on a monthly basis for named individuals by the same pharmacy. Controlled medicines were stored safely for each person in a locked cupboard within a medicines storage room along with all other medicines. We saw the temperature of the refrigerator for refrigerated medicines was controlled, monitored and recorded on a daily basis.

We looked at the controlled drugs (CD) cabinet within the medicines storage room. We saw that CDs were stored in an appropriately constructed safe which was within another cabinet which was also locked. These medicines were recorded in a separate book and the amounts were checked twice a day by two staff members. We did a physical count of the controlled drugs and saw the amount recorded in the CD book tallied with the amount available. However, we saw some entries in people's MAR charts did not tally with the amounts of CD drugs in stock or those recorded in the CD recording book. We alerted staff to this error on the first day of our inspection and they corrected the numbers on the MAR charts immediately.

We saw examples of completed medicine administration record (MAR) charts for four people for the month of our inspection. We saw that staff had fully completed these. We counted the medicines stored for these people. We saw these tallied with the records kept. The controlled drug register and cupboard were well kept with contemporaneous records, and the disposal and refusal register was also accurate. Medicines that were administered as required (PRN) were dispensed as needed for the purposes of alleviating discomfort.

We observed some unsafe practises in the administration of medicines. We observed the senior care worker taking several people's medicines to them from the treatment room at the same time. They then returned to the treatment room and signed several people's MAR charts at the same time. This created a risk that people could be administered the incorrect medicines. We reported this to the general manager on the first day of

our inspection.

Care staff had received training in medicines administration and this was repeated every two years. When we spoke with other care workers they spoke knowledgably about their duties in recording, storing and administering medicines.

We saw copies of monthly checks that were conducted of medicines which included controlled drugs. This included a physical count of medicines as well as other matters including the amount in stock and expiry dates of medicines. The checks identified some issues and we saw action plans were in place to address these. We also saw a copy of the latest audit conducted by the pharmacy. We were told the pharmacy conducted quarterly audits of medicines. The most recent audit which was conducted in January 2016 identified some issues and we saw an action plan was in place to address these. We saw that some of the items had already been addressed at the time of our inspection.

People told us they felt safe using the service. Their comments included "I feel like I'm at home" and "Absolutely, I am safe enough."

The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse. Staff knew how to report safeguarding concerns and explained the various signs of abuse and different types of abuse. We contacted a member of the safeguarding team at the local authority and they confirmed they did not have any concerns about the safety of people using the service.

The provider had a whistle blowing policy in place and staff explained this to us. One care worker said "I can check the policy and see who to contact if nobody is listening to me." Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Staff told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. Most care workers told us they were aware of the risk of falls among the people who lived at the home. Care workers correctly explained how they would respond to a fall and this included reporting the matter for further investigation. There was an emergency call bell in place to alert all staff in case of an emergency and this could be heard by staff in the entire building. We saw call bells were in place in people's rooms and that these were within reach and working.

We asked senior staff about what they would do in the event of a medical emergency and they explained what training they had done to respond to these situations. Senior care workers were aware who was for and was not for resuscitation. These details were in people's files on "Do not Attempt Resuscitation" forms which had been signed by the GP and these details were also included on handover forms that staff carried with them.

Staff gave mixed views as to whether they felt there were enough of them on duty. Comments included "Things are generally ok. We can get very busy, but the managers will arrange for cover quickly", "People's needs are deteriorating and this is increasing demand" and "Things are ok now."

The general manager explained that staffing levels were determined by an assessment of people's dependency levels as well as other factors including appointments, activities and whether there was a

deterioration in their needs. Staff cover was then arranged to provide the appropriate level of support and skill mix to meet people's needs. We were told that the provider delivered a service that provided one care worker for every four people. During the days of our inspection we found this ratio was met. We looked at the rota for the month of our inspection and found this number had been arranged both prior to and after our inspection.

We looked at the recruitment records for six staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

Good

Is the service effective?

Our findings

At our previous inspection which took place in July 2014 we identified some concerns in relation to compliance with the Mental Capacity Act 2005 (MCA). We saw copies of mental capacity assessments, but the provider could not demonstrate how decisions were being made in people's best interests. At this inspection we found the provider to be fully compliant with their obligations under the MCA.

The 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.

We found that the provider was working within the principles of the MCA. Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. Care records included a section containing documents relating to consent and the MCA. This included copies of previous mental capacity assessments as well as other consent forms. We found mental capacity assessments and other consent forms had been completed appropriately in accordance with legal requirements. None of the people living at St Wilfrid's Care Home were subject to an authorisation to deprive them of their liberty. We did not see anyone being deprived of their liberty during our inspection.

People told us staff had the appropriate skills and knowledge to meet their needs. Their comments included "Staff are first class. Very good indeed in my estimation" and "They deliver and do their job competently." The general manager told us, and care workers confirmed, that they completed training as part of their induction as well as ongoing training. Records confirmed that staff had completed mandatory training in various topics as part of their induction. These topics included safeguarding adults, medicines administration and moving and handling. There was also more specialist training available where required, for example most staff had completed training in dementia care and some had completed training in falls awareness. We reviewed the training matrix and found that staff had completed training in the mandatory topics within the last two years.

Care workers confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. One care worker told us, "We get a lot of training and we get refresher training too so we don't forget things."

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records to indicate that staff supervisions took place every three months. We were told by the general manager and care workers that they used supervisions to discuss individual people's needs as well as their training and development needs. The general manager told us annual appraisals were not conducted, but that staff learning and development needs were incorporated into the supervision process. Care workers confirmed that their learning and development needs were discussed during their supervision

sessions. One care worker told us "I think appraisals are incorporated into our supervision sessions. We talk about my learning and development needs and goals for the future a lot." We looked at the supervision records for four members of staff and saw a variance in the recording of care worker's learning and development needs. Some records showed evidence of goal setting and monitoring of progress against these, but some did not.

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements which included details about their likes and dislikes. We saw records that detailed people's nutritional needs and allergies. This included usage of the Malnutrition Universal Screening Tool (MUST) to determine whether people were at risk of malnutrition. Where concerns were identified we saw the care plan identified specific actions for managing this. We found details of involvement from multi-disciplinary teams where required which included dietitians and speech and language therapists. Where referrals were required, we saw from records that these were done and advice was obtained and implemented. Where monthly monitoring was required, for example monthly weight checks, we saw this was done and recorded. We found specific nutrition support plans which included specific targets that people wanted to achieve and these records were evaluated and updated on a monthly basis.

People gave reasonably positive feedback about the food available at the service. Comments included "For an institution [the food] is good", "It's not like home but they do their best" and "The food is ok." The chef explained that they obtained feedback about the food from the care workers and from people using the service directly. The chef altered the menu on a quarterly basis depending on the feedback received and we saw a copy of the menu for the month of our inspection. Food was seasonal and variations were made according to the season. We sampled the lunch on the first day of our inspection. The food was appetising, of a good portion and served at the correct temperature.

Care records contained information about people's health needs. The provider had up to date information from healthcare practitioners involved in people's care, and senior staff told us they were in regular contact with people's families to ensure all parties were well informed about peoples' health needs where appropriate. When questioned, care workers demonstrated they understood people's health needs. For example, all care workers told us how people were feeling on the days of our inspection and if they had any specific health conditions. We saw that GPs and district nurses visited the service every week. We spoke with a district nurse during our inspection. They provided explanations of their working relationship with staff and gave good feedback about the care provided.

We recommend that the provider seeks advice from a reputable source about implementing a procedure to consistently monitor and meet the learning and development needs of their staff.

Good

Is the service caring?

Our findings

People who used the service gave us good feedback about the care workers. Comments included "I like to think that I get along very well with the staff" and "They are very good."

Staff demonstrated a good understanding of people's life histories. Senior staff and care workers told us they asked questions about people's life histories and people important to them when they first joined the service and we saw these details were recorded in people's care records. Care workers were able to tell us details about people's lives including the type of work they used to do before retiring and what their current interests were. Information about people's life histories was included in a document called "Resident profile" and this included details such as the person's 'idea of a great meal' and their 'dreams' for the future.

There were also details about people's spiritual needs. St Wilfrid's Care Home is a Roman Catholic care home, but provides care for people of all backgrounds. There is an onsite chapel and the care home is connected with a convent. Many people living at the home were from a Christian background and some belonged to the Roman Catholic faith in particular. We found details of people's spiritual needs recorded in their care plans along with details as to how staff at the service could assist people in meeting these.

People we spoke with told us they were able to make choices about the care and support provided and told us their wishes were respected. One person said, "Everything has gone much better than I had anticipated" and "Yes if I need [anything] they come." Staff told us they respected people's choices and encouraged them to be as independent as possible. Comments included, "We help people to make choices" and another care worker told us "Many people's needs have increased, but there are always ways you can help them to be independent and in control of their lives. For example you can give choices in what they would like to wear or eat."

We saw good levels of interaction from care workers during our inspection. Some interactions we observed and conversations we overheard demonstrated that staff knew people well and were on friendly and familiar terms. We observed the lunchtime period and saw staff helping people with their food, having conversations with people as they were doing so.

Every person we spoke with told us their privacy was respected and staff showed them respect. People's comments included "Yes I would say that they do [respect me]" and "They are very professional." Care workers explained how they promoted people's privacy and dignity. Their comments included "I protect people's confidentiality. It is important that they trust me" and "I always knock on people's doors before going in. When giving personal care I always shut the door and draw the curtains." We observed staff speaking to people with respect and knocking on doors before entering their rooms.

Good

Is the service responsive?

Our findings

People were encouraged to express their views and be involved in decisions regarding their care. People were given information when first joining the service in the form of a brochure which included details about the service provided, the complaints procedure and the core values of the service. Copies of these were kept in people's rooms for people to refer to if necessary.

Residents meetings were held on a monthly basis. We saw minutes relating to these meetings and saw various topics were discussed and actions had been taken to rectify issues raised. Care records also included details about people's views on 'service user, friends and relatives feedback forms'. The general manager explained that they prioritised people's choices in relation to their care and we saw specific evidence of feedback within these forms being acted on.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed in various aspects of people's medical, physical and social needs. The care records we looked at included care plans in areas including nutrition, continence and moving and handling which had been developed from the assessment of people's individual needs. Care records showed staff prioritised people's views in the assessment of their needs and planning of their care. Care plans included details about people's likes and dislikes in relation to a number of different areas including nutrition and activities.

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful. The activities programme was run by the general manager of the service pending the commencement in employment of a new activities coordinator. Activities were planned for the month in advance and they were displayed on noticeboards on all floors of the building. The types of activities on offer included quizzes, movie night and pampering sessions.

Care records included a specific section on 'occupation and entertainment' and this detailed the type of activities people enjoyed. The care plans also included advice about how to help people participate in activities, some of whom had specific cognitive diagnoses including dementia and some with other short term memory problems. We saw one to one sessions were included in the activities programme to help people who were unable to leave their rooms.

We saw an activity in progress on the first day of our inspection. This was a live classical music concert which people appeared to enjoy. One person told us "They do have concerts from time to time. I very much enjoy them."

The service had a complaints policy which outlined how formal complaints were to be dealt with. People using the service told us they would speak with a staff member if they had reason to complain. We saw records of complaints and saw these were dealt with in line with the provider's policy.

Good

Is the service well-led?

Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. Staff and relatives told us the management team were available and listened to what they had to say. Comments from staff included "You can talk to them. They are very good" and "I feel fully supported by them."

The managerial team consisted of the general manager and the registered manager. The registered manager was employed to discharge the responsibilities of the service in respect of the CQC. The general manager handled other matters including future planning of the service. The general manager told us various staff meetings were held every one to two months and handover meetings took place every day. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent full staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

We saw evidence that feedback was obtained from people using the service, their friends and relatives on specific feedback forms which were kept in people's files. Feedback was also received during residents meetings. The general manager told us that if issues were identified, these would be dealt with individually and we were given an example of when this had happened.

We saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. The general manager told us they reviewed complaints, accidents and incidents to monitor trends or identify further action required and we saw evidence of this. They told us all accidents and incidents were also reviewed by senior staff within the organisation who also monitored the results for trends and made further recommendations where required.

Information was reported to the Care Quality Commission (CQC) as required. We spoke with a member of the local authority and they did not have any concerns about the service.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with explanations of what their roles involved and what they were expected to achieve as a result. We saw copies of staff job descriptions and the details within these tallied with what staff had told us.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of numerous audits covering a range of issues such as medicines, care records checks and health and safety audits. The registered manager conducted a daily check of call bell records to ensure calls were being answered in a reasonable timeframe.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included the GP, district nursing teams and local social services teams among others. We spoke with two healthcare

professionals and they commented positively on their working relationship with staff at St Wilfrid's Care Home.