

GCH (St Stephens) Ltd

St Stephen's Care Home

Inspection report

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Date of inspection visit:

12 January 2016

13 January 2016

Date of publication:

04 March 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 undertook an unannounced comprehensive inspection on 12 January 2016.

The home is registered to provide accommodation and personal care for older people. A maximum of 51 people can live at the home. There were 42 people living at home on the day of the inspection.

The home had been without a registered manager since 18 September 2015. 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. A new manager had been appointed and was applying to become the registered manager at St Stephen's Care Home. The provider will need to ensure that an application to register the manager is submitted to meet the registration regulations.

We carried out an unannounced comprehensive inspection of this service on 7 April 2015. Two breaches of legal requirement were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to having sufficient numbers of staff based on people's assessed needs, and in relation to the need for people's consent to care and treatment. The provider told us action would be taken by September 2015. During our inspection on 12 January 2016 we found the provider had followed their plans and now met legal requirements. We found that people's consent to care and treatment was now considered and recorded where needed and the provider had addressed the breach of regulation in respect to having sufficient numbers of staff based on people's assessed safety needs. However, further improvements are required to ensure staff are deployed in a way so people can receive the care they want at the times they want to receive it.

People managed risks to their safety with support from staff. Staff were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. People were supported by staff to have their medicines, but there were occasional delays in people receiving pain relief when they wanted it. The new manager was working with other health professionals so people would receive the medicines they needed in a safe way.

People's rights and freedoms were respected by staff. Staff understood people's individual care needs and had received training so they would be able to care for people in the best way for them. There were good links with health and social care professionals and staff sought and acted upon advice received, so people's needs were met.

People were supported by staff to have enough to eat and drink. Staff encouraged people to have things they enjoyed to eat and drink so they remained well. Where people needed help to maintain their health and well-being, plans were put in place and people's health was monitored. People had regular access to

healthcare professionals and told us staff acted quickly when they asked to see their GPs.

Staff had developed caring and supportive relationships with people living at the home, and encouraged people to make decisions about their daily care. Staff considered people's need for privacy and dignity in the way they looked after them. People were supported to keep in touch with people who were important to them.

People had more opportunities to do things they enjoyed within the home. People knew what to do if they needed to make a complaint or raise a concern. Where a complaint had recently been made prompt action had been taken by the manager to address the concern and improve the service further.

The manager was making some positive changes at the home, which relatives, staff and external health professionals recognised. People were encouraged to make suggestions about the care they received through questionnaires and residents' meetings. The manager and provider had undertaken regular checks to monitor the quality of the care which people received and looked at where improvements were needed. The provider and manager had implemented recent improvements. The manager planned to check further areas of people's experience of living at the home over the coming months.

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.

Staff were not always deployed in a way which meet people's care and support needs. People told us they felt safe and staff discussed risks to their safety with them. People received their medicines in a safe way.

Is the service effective?

Good 

The service was effective

People's rights were respected. People receive care from staff who had the skills to care for them. People had enough to eat and drink and had regular access to healthcare professionals.

Is the service caring?

Good 

The service was caring.

People enjoyed good relationships with the staff caring for them. Staff knew about the things that were important to people and made their relatives feel welcomed into the home.

Is the service responsive?

Good 

The service was responsive.

People and where appropriate their relatives were encouraged to be involved in planning people's care. There were processes in place for the manager to respond to complaints so lessons would be learnt.

Is the service well-led?

Good 

The service was well-led.

There was no registered manager in post at the time of our inspection. However, the provider was taking reasonable steps to address this. Improvements to the care people received had been made after feedback from people using the service. Further checks on people's experience of living at the home were planned.

St Stephen'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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of St Stephen's Care Home on 12 January 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 7 April 2015 had been made. The team inspected the service against the five questions we ask about services. This is because the service was not meeting some legal requirements.

The inspection team comprised of two inspectors.

Before the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with 13 people who lived at the home and six relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 10 care staff, two senior care staff, the manager and the provider.

We looked at four records about people's care, three staff files, complaints records, records about staffing levels and audits completed by the provider and manager.

Is the service safe?

Our findings

During the previous inspection on 7 April 2015 we found people were not supported by sufficient numbers of staff. This was a breach of 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had sent us a plan to say how these matters would be addressed.

At this inspection we found the manager had assessed the needs of people who used the service when deciding how many staff were needed to ensure their care and support needs were met. An additional member of staff was now caring for people on each morning and afternoon shift. We saw on the day of our inspection the number of staff assessed as being required were available to care for people. We saw records which showed the number of staff on all morning and afternoon shifts had increased by one staff member since our last inspection. We also saw the registered manager had reviewed staffing levels with the provider each month, using a tool which considered people's care and safety needs and the number of floors within the home.

The manager and provider told us they had discussed staffing deployment at staff meetings, and told us they had been advised by staff that the deployment of staff meet people's care and support needs. However, our findings are that whilst the provider has addressed the breach of regulation identified at our inspection on 7 April 2015 further improvements were still required to ensure staff were consistently deployed to meet all of people's care and support needs in a timely way. This is because we heard mixed views from people about the length of time they occasionally had to wait. One person said, "The staff are really pushed they can't cope." Two other people commented the staffing deployment meant that they could not always have support when they wanted it, such as support to have a bath when they wanted one. Another person told us they had to occasionally wait for staff support when they needed pain relief. A number of the staff we spoke with also commented staff deployment meant staff were not always able to provide care in the individual ways people preferred. One staff member told us, "There's too much going on, we can't give the proper personal care and attention people need." Another staff member told us the way staff were deployed meant it was not possible for staff to take people out of the home to do things they enjoyed doing. We gave the manager the information from our inspection and she assured us that she would review the staffing deployment with input from the staff team and people who used the service.

The manager had recognised additional staff were required to cover unexpected absences and said they were in the process of recruiting additional staff for this purpose. They had received applications from prospective employees and were in the process of reviewing these.

People we spoke with told us they felt safe at the home. One person told us, "I feel safe here. I am treated with respect and kindness." One relative told us, "I wouldn't want my relative to be anywhere else. The staff treat everyone with kindness. I have no concerns about safety at all." Staff we spoke with were able to tell us how they kept people safe and how they would report concerns to the manager. One staff member explained the actions which had been taken to keep one person safe where concerns had been raised. All the staff we spoke with were confident that action would be taken to protect people if they raised concerns with the manager.

People managed their risks with support from staff where needed. One person we spoke with said, "Staff help me to move in a safe way." Staff provided people with reassurance when they supported them. Staff told how they worked with people and their relatives to find out what risks there were to people's safety and well-being. All the staff we spoke knew the type and level of support individual people living at the home need. This included assisting people with eating or drinking, or the use of specialist equipment to keep them safe. One staff member we spoke with told us, "To make sure you are keeping (people) safe you also look at their care plans to make sure you are using the right equipment." Staff told us how they worked with other agencies, so people's levels of anxiety were reduced. Staff shared information on people's changing safety needs with senior staff and other care staff. We saw that people's risks were regularly reviewed.

Three people told us they were regularly supported by staff to have the medicines they needed. One person we spoke with said, "Staff explain what my tablets are for, I am diabetic, so they explain everything." We asked relatives about arrangements for pain relief for their family members. Relatives we spoke with gave us examples of where their family member's pain relief needs had been met promptly by staff. One relative told us how staff were working with their family member's GP to review their medicines, so they could be sure they were receiving the medicines they needed.

Staff showed a good understanding of the safe management of medicines, and told us what steps they would take in the event of errors. We observed the morning medication took approximately two hours. Staff told us this was due to the quantity of medicines which needed to be administered and the layout of the home. We discussed this with the manager, as there was a risk this may lead to people not receiving their medicines at the prescribed time. The manager told us about the work they were doing to review and improve medicine administration. This included work with other agencies such as the local GP practice and pharmacies. Staff administering medicines had undertaken training and their competency to administer medicines was checked on a yearly basis. We saw the manager and provider undertook regular checks to make sure medicines were safely administered, and recordings clear. We saw medicines were kept safely in a locked room.

Is the service effective?

Our findings

During the previous inspection on 7 April 2015 we found people who use services consent had not always been assessed or considered. The provider had sent us a plan to say how these matters would be addressed. At this inspection, we found improvements were made to senior staff's understanding of what they needed to do to protect people's right, and how people's consent to care was recorded.

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.

One care staff member we spoke with knew about best interest decisions, and explained that senior staff were leading on making applications to supervisory bodies. We saw that some care staff had already received training in MCA, and further training had already been planned for the weeks after our inspection. We looked at four records where people may not have capacity to make a decision. There had been improvements made since the last inspection, as people's capacity to make decisions had been assessed by staff, and applications to the supervisory body to obtain the legal right to deprive some people of their liberty had been made.

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 whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the correct procedure had been followed and staff had obtained authorisations from the supervisory body. We talked with staff about how they took into account people's capacity, best interest decisions, and DoLS. Senior staff we spoke with had received training in MCA and gave us examples of how this affected the care they gave to people. One member of senior staff we spoke with told us the MCA training they had received, "Makes you stop and think, is this the least restrictive way (of caring for people)?" We saw that senior staff discussed people's DoL as part of shift handover, to ensure they were complying with decisions taken by the supervisory body, where these had been made.

People we spoke with told us staff asked for their permission before supporting them with their care needs. One person told us, "The staff are very respectful, they always ask before helping." One relative we spoke with told us their family member's decisions were respected by staff. The family member told us, "[Person's name] is able to do what she wants." Care staff we spoke to told us how they checked people were consenting to care offered to them. Staff understood that people had the right to refuse care. One staff member told us although they would offer the care again later, they respected people's rights to refuse care.

All of the people we spoke with were positive that staff knew how to look after them. One person told us, "The staff know what they are doing and they explain things to me." One relative told us, "My relative has complex needs and the staff here are really good. They know how to support my relative." Another relative told us, "Staff definitely have the right training and skills."

One member of staff we spoke with told us, "Training here is wonderful." The staff member told us about the dementia training they had done. The staff member said this had helped them to understand more about the care needs of people with dementia, so they could provide better care for people. The staff member told us this was really important when people were anxious. All the staff we spoke with told us they had regular training so they could develop skills to care for people and meet their care needs. Staff who had recently started working at the home told us they received induction training. One member of staff told us, "I did one day of induction and then a week of shadowing other staff to get to know how to support individual people."

Two members of staff confirmed they met regularly with their line manager so they could discuss their development and any concerns they had about people's well-being. One member of staff told us, "You can talk about issues. It's an opportunity to say what you want for the home." Staff also told us they were able to obtain advice from senior staff if they had any immediate concerns for people's well-being.

People told us their views of the meals they received. One person told us, "I enjoy the food, there's plenty to drink, I like to have a salad every day." All the relatives we spoke with were positive about the way staff supported people to eat and drink enough to remain healthy. One relative we spoke with told us they saw staff made sure their family member had enough to eat and drink. The relative also said staff prepared fruit for their family member, as staff knew they liked this. People had drinks they liked within their reach in the lounge areas in the home. We saw people in the dining room area asked staff for drinks when they wanted them, and these were supplied by staff.

Staff told us how they supported people to have enough to eat and drink. One staff member told us about the type of care some people needed to make sure they had enough to eat and drink and said, "You need to encourage people." Another staff member told us how checking what one person wanted to eat each day had reduced their anxiety around food. This in turn had led to improved health for the person. The manager told us about changes they had introduced to make people's dining experiences more enjoyable. This had included having all staff providing care at mealtimes, so there was time to chat to people and people did not feel rushed. We saw during lunch if people needed support to eat their meal staff engaged in conversation with people and did not hurry them. A visiting health professional told us that staff regularly checked people's weight and sought advice if people were not eating enough. We saw that staff considered people's nutritional needs and these were regularly monitored, so they would remain well.

Every person we spoke with told us they had access to health care when they needed it. One person told us, "I asked if I could see the doctor today because I have been in some pain. The staff arranged this for me and I have seen the doctor." Another person told us, "Staff always call (the GP) in if needed." One relative we spoke with told us "We're more than happy with the support given to [Person's name]. She was very ill last year, staff did 15 minute checks, she made a good recovery". This relative told us there had been other occasions when their family member had been ill and staff had supported them to get the right care, so they regained their health and well-being as quickly as possible. Another relative told us, "[Person's name] is much better since she's been at St Stephens, district nurses come in, the manager knows all about the progress made, and we've chatted to (the manager)." Staff described how they followed advice given by health professionals so people's health needs would be met in the best way for them.

Is the service caring?

Our findings

During the previous inspection on 7 April 2015 we found that this question required improvement. We found that improvements had been made, and people and their relatives told us their views on the care they received were listened to.

People told us the staff were caring and they were treated kindly. One person told us, "The staff are great. They are very kind and genuinely seem to care." Another person told us how kind staff had been when they were anxious, and how staff had spent time with them. One person told us, "I could never complain about the staff because they are lovely. They are always very busy but they are kind and respectful in every way." One relative told us, "Staff are very good and very caring, [Person's name is] comfortable with them, they are fond of her." Another relative told us their family member enjoyed the reassurances which touch by staff provided. The relative told us, "Staff put their arm round [Person's name] when she is on her own, they even do this when we are there." The relative went told us how they saw their family member laughing with staff and enjoying living at the home. Two relatives we spoke with told us staff made their relative feel they mattered. The relatives told us how staff had cared for their family member who had recently celebrated a birthday. One relative told us staff, "Made a fuss of [Person's name], gave her a party, put food on and made her feel valued." The relative went on to say "Staff don't treat them as patients, they treat them as relatives."

Staff found out about what was important to people and their interests before they came to live at the home. One staff member told us how they got to find out about people and said, "You look at people's care plans and their history books, and chat with them. Relatives also tell you about them." This staff member told us staff had dedicated time with people so they could get to know them well. Another staff member told us "You get to know people and they get to know your voice." We saw people's life histories and preferences were recorded in their care plans, so staff knew what was important to people.

The atmosphere in the lounge area on the first floor was calm throughout our inspection, and staff took time to chat to people. We saw people enjoyed being with staff, and had developed comfortable relationships with staff. Staff on the ground floor of the home had less time to chat to people in the lounges and dining room areas. However, we saw when staff did talk with people they spoke to them respectfully and offered them choices about their daily care, such as where they wanted to sit and what they wanted to do. People we spoke with told us they would have no hesitation in asking staff to help them, or if they wanted their care delivered in a particular way. We saw that staff were patient with people, and took time to talk to people in a way that gave them time to make their own choices.

People told us they felt staff treated them with dignity and respect. One person we spoke with said, "Staff treat me like I treat them." All the relatives we spoke with told us staff treated their family members with respect. One relative said, "There is kindness and respect here." Another relative we spoke with told us that all of the staff at the home showed their family member respect, by taking time to say hello to them. Staff we spoke with knew the importance of providing care in ways which promoted people's dignity. One staff member told us about changes introduced to promote people's dignity and privacy when they saw health

professionals. The staff member told us people had the opportunity to see health professionals in their own rooms as some people found this more comfortable and private than using a centralised treatment area. We saw one member of staff check if a person felt well enough to walk on their own and gave them time to decide if they felt able to do this.

Relatives told us they were able to visit whenever they wanted and were always made to feel welcome. One relative we spoke with told us the lounge on the first floor had recently been re-opened, so a quieter, more private area was available to use when they visited. The relative told us this made their visits more enjoyable for their relative and them.

Is the service responsive?

Our findings

During the previous inspection on 7 April 2015 we found that this question required improvement. This was because of the impact on staff availability to support people to do things they enjoyed. We found that people had more opportunities to do things they enjoyed within the home. People told us about their day at the home and how they spent their time. One person told us, "There is a lovely lady who organises activities. She is really good at motivating you to join in and have a go." Another person we spoke with showed us some of the craft items they had made. It was clear the person took pleasure in the items being displayed. We observed that activities were provided for people such as puzzles and gentle exercise and saw people smiling and enjoying the time spent with the activities staff.

People told us they were encouraged to be involved in planning their care. One person said, "I am involved in care planning and reviews, and I do questionnaires. I think it's quite good here." People were encouraged to personalise their rooms. One person told us how much it had meant to them to have their own Christmas tree in their rooms, and staff had supported them to do this. One relative we spoke with told us how staff had encouraged their family member to bring in items from their home when they first moved to the home. The relative told us, "[Person's name] has her own things from home so it feels homely."

Relatives told us they were comfortable to make suggestions about their family member's care and felt staff took action. One relative told us they attended regular care plan meetings where they made suggestions about their family members care. The relative said "We're listened to, staff do it if it makes sense." Another relative told us, "It's down to us how involved with care plans we are." Relatives felt that the manager listened to them and made suggestions which related to changes in their family members' health needs. For example, looking at more suitable rooms as people's mobility needs changed. One relative we spoke with told us how staff had recognised they did not want to be involved in care planning review meetings, but did want to talk through their family member's care. In this way, the relative was still able to make suggestions so their family member would receive care in the best way for them. One member of staff we spoke with told us some relatives were not able to attend care planning and review meetings. If this was the case, relatives were contacted by telephone before people's care plans were reviewed. Relatives were therefore still able to make suggestions about the care planned.

Staff knew about people's individual needs and adjusted the care given as people's needs changed so people remained well. Relatives we spoke with were confident their family member's changing health needs were met. One person and their relatives were very positive about the care received as their health care changed. One relative told us, "Everyone is treated as an individual." Another relative we spoke with told us, "They communicate really well with my relative. I am very happy with the care."

We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover, where the support required for individual people in the home was discussed. As well as discussing people's health needs, staff also considered things that were important to people, such as arrangements for their birthday celebrations and opportunities to do things they enjoyed.

We talked with people and their relatives about complaints. One person told us there was, "No need to complain, if I did I would talk to the [deputy manager]". The person went on to tell us, "I don't want to change anything." None of the relatives we spoke with had needed to raise a complaint about the care provided. We checked the complaints records for the home. There was one recent complaint which the manager had been made aware of. We saw this had been responded to quickly and openly and action taken so lessons could be learnt.

Is the service well-led?

Our findings

During the previous inspection on 7 April 2015 we found that this question required improvement. This was because there was no registered manager in place and because the provider's quality assurance tools had not identified the areas we found which required improvement.

There continued to be no registered manager in post at the time of our inspection. However, there was a manager in place who was responsible for the day to day running of the home. The manager told us they were intending to make an application to become the registered manager at the home. The provider will need to ensure that an application to register the manager is submitted to meet the registration regulations.

The provider has addressed the breach of regulation identified at our inspection on 7 April 2015. We found some improvements had already been made to the quality assurance tools used by the manager. This included the manager developing an action plan to highlight the actions required to make sure people's rights and freedom was protected. We saw the provider had checked the actions planned had been taken. We also saw the manager had recently sent out a questionnaire to people living at the home as a result of a complaint raised about the food. The manager explained based on people's feedback a new menu had been introduced, and food was now prepared in a way which reflected people's individual wishes and needs. The manager told us they were going to obtain further feedback from people about their experiences of living at the home over the coming months. Further action plans would be developed if any concerns were identified and action taken to develop the home further. This will include people's and staff's views on the availability of staff to meet their needs.

People were positive about the relationship they had developed with the manager. All the relatives we spoke with told us the home was well managed and the new manager was approachable. One relative told us, "The manager is a lovely lady and encourages us to make suggestions, she's really helpful." All of the relatives we spoke with told us communication with the senior staff, particularly if their family members were unwell or anxious, was good. One relative said, "The place has a lovely feel to it, a really nice atmosphere."

Staff told us they felt supported by the manager. For example, staff were confident if they needed extra training this would be arranged by the manager, and told us they would be happy to discuss this. Another staff member we spoke with told us, "(The manager) listens to us, she is very open." The staff member explained how changes had been introduced to further develop the services which people received. Staff also felt the manager made sure they were aware of the responsibilities of their roles, so that people would receive good care.

People told us they were encouraged to give feedback and make suggestions about the care they received. People told us they had the opportunity to discuss how they wanted their care to be given and changes to the home at residents' meetings, and through completing questionnaires. One person told us, "We do have meetings but not very often. You can ask for things and they usually happen."

People and relatives told us how changes introduced by the new manager had led to improvements. This included making additional areas within the home available for people and visitors to use. The manager told us about plans to create a library area on the ground floor of the home, as the manager had observed that some people liked to sit in this area. Health professionals who visited the home regularly were positive about the changes which had recently been introduced. These included the changes to the way medicines were recorded and managed.

The manager had developed effective ways of working with external organisations such as GP practices, district nursing and mental health teams so they would keep their care practice updated. In this way, people would continue to receive appropriate care. The manager gave us examples of support they received from the provider. These included agreement to provide extra resources. In addition, the provider was supporting the manager to change the way medicines were obtained by staff at the home, so people would receive their medicines as soon as possible when their needs changed. The manager told us they were able to gain advice and support from the provider, either at the provider's regular visits, or immediately, if this was required.

Senior staff, the manager and the provider undertook regular checks on the quality of the care given to people. These included checks on how people were supported to remain safe and well. Checks were also undertaken to make sure staff training and people's care plans were up to date, so people would receive the right care. We saw that where actions had been identified development plans had been put in place. The manager and provider reviewed the action plans so they could be assured people were benefiting from a service which was developed further.