

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?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

St Christophers Care Home is a residential care home providing personal and nursing care to up to 163 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 73 people using the service.

St Christophers Care Home accommodates 163 people across five separate bungalows, each of which has separate adapted facilities. Only three of the bungalows had people living there at the time of our inspection.

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

There were monitoring processes in place to help improve the standard of service and address the shortfalls. However, while we found that there had been some improvements in the home, this had not yet improved all areas and we identified some issues.

People's dignity was not always promoted due to management of laundry and their belongings. The building had recently been refurbished and the décor was pleasant. However more consideration needed to ensure the environment was enriching the lives of people living with dementia.

People felt they were safe and most felt well supported by the service. Individual risks were assessed in most cases, and staff were aware of these. Reviews of events and accidents were carried out and any actions needed were carried out in most cases. However, at times these were always not fully completed or recorded.

People were supported with eating and drinking. There were mixed views about the food. The management team were aware of these.

Staff enjoyed working for the service and told us morale had improved and the culture was to ensure care was person centred. They stated they would be happy to have a relative of theirs living there. Care plans were in place, but some were difficult to read due to the handwriting, but most included the appropriate information. Care plans were reviewed regularly, however when using the resident of the day review process, this did not always reflect if people were involved in the process.

Most people were supported to do things they enjoyed. However, some people cared for in bed were receiving limited stimulation. The management team were aware of this and had just recruited more wellbeing staff. There were mixed views about the responsiveness to complaints. The provider had a system in place, but staff may not have shared all information with management as they received it.

People told us staff were kind but busy. Staff told us there were enough staff to support people well. Staff received appropriate training for their role and people felt they had good knowledge and skills. Staff felt supported by the provider and management team. They were positive about the new manager. People's

medicines were managed safely. Staff knew how to report any concerns about a person's safety or welfare. There were appropriate infection prevention and control processes in place and guidance was followed.

People and relatives were asked for their views about the service and were aware there had been changes to the management team. Staff told us the management team checked they were working safely and felt they were approachable.

The manager was new in post and they were recruiting for a supporting management team, such as a deputy manager. The manager was planning to register with the service and was supported by an area director.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 2 March 2021) and there were breaches of regulation 12 and 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider had made improvements and was no longer in breach of regulations.

#### Why we inspected

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 COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about the safety of people, standards of care and changes to the management in the home. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the effective, caring, responsive 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 Christopher's Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# St Christopher's Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

The inspection was carried out by two inspectors.

#### Service and service type

St Christopher's Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Christopher's Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The interim manager had agreed to register at the service until a permanent manager could be appointed. This was to be submitted following their planned annual leave.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 2 August 2022 and ended on 11 August 2022. We visited the service on 2 August 2022.

#### What we did before the 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We visited the service location on 2 August 2022. We spoke with seven people and received feedback from 11 relatives. We also spoke with 10 staff including the manager, area director and support workers. We received feedback from two health and social care professionals.

We reviewed a range of records. This included five people's care records and a sample of medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed. These included training records, incident records and quality assurance processes. We 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.

#### What we did after the inspection

We sought assurance about records involving people's care and support needs and preferences.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has improved to good.

This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At the last inspection we found that the infection prevention and control systems were not robust. There was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 due to infection control shortfalls.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People's family and friends were able to visit the home without restrictions. We observed visitors on the day of our inspection. Visitors wore masks. One relative said, "There are no restrictions to visiting. We have to wear a mask and sanitise our hands but can visit freely now, I am going there today."

### Assessing risk, safety monitoring and management

- People had their individual risks assessed.
- People and their relatives told us they felt care was delivered safely. One relative said, "I think [person] is safe living at St Christopher's, they are checked on regularly, there is a nurse on duty 24/7 and they are well looked after."
- There was an overview of events and incidents in the home to help identify any themes and trends and ensure all actions had been taken. We found that risk assessments and management plans were not always updated following an event or incident, such as a fall. We raised this with the management team. For the one person we identified, this was addressed straight away. The area director told us this was being completed on the review page and not the front page of the assessment so it was not clear the action had

been taken.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "If I'm worried, I can talk to them, especially [staff member], she's very nice, she's lovely."
- Staff knew how to recognise abuse and what to do if they were concerned that a person may be at risk.
- Training had been provided and information was displayed to help raise awareness to people, relatives and staff.
- The management team had reported any concerns appropriately.

Staffing and recruitment

- People told us that there were enough staff and they came when they needed them. One person said, "There's enough staff, they come when I need them." A relative told us, "The staff are very responsive, I am confident if [person] needed help or support that staff would be right there." However, we were made aware of two occasions when people said there had been a delay in them receiving continence care. We raised this with the manager.
- Staff told us that there had been new staff recruited and this meant there were enough of them to meet people's needs. One staff member said, "There are enough of us, and we have good teamwork."
- We saw people had their needs met in a timely way and call bells were answered promptly in most cases. The manager told us the need for agency staff had reduced.
- Staff were recruited safely as the appropriate pre-employment checks were completed. This included full employment history, checking identification, verifying references and enhanced BDS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Using medicines safely

- People told us they received their medicines on time. We observed staff administering medicines in a safe way.
- The medication records system was electronic, and this meant that it flagged any missing administration or record issues. There were regular audits by the manager to check stock was accurate and managed safely. We saw where these audits identified an issue, an action was added and signed when completed.
- Staff were seen to offer people medicines, such as pain relief, on an as needed basis. Staff had received training and had their competency checked.

Learning lessons when things go wrong

- The management team shared events with staff when there had been an issue, complaint or incident. Staff told us they were kept informed through handovers and meetings.
- We saw there was an action plan in place which included learning from events.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- There was mixed feedback about the management of some health conditions. For example, people who had diabetes. The management of people's diets for those with diabetes to ensure blood sugars were stable, was not always consistent. One person told us, "I keep telling them I need something to eat before I go to bed or my blood sugar gets low in the night, but they don't always bring me something." We raised this with the management team who immediately set about ensuring this was in place. However, for another person we found that there had been significant involvement with health professionals to help ensure a person was receiving the right support and care.
- We asked staff about how many people they support with diabetes. Not all staff were aware they supported people with diabetes. They did not know how they would be able to tell if they were receiving the correct diet. We noted that that the diet sheets were given to the kitchen and the meal order form stated all food was suitable for diabetics. However, staff were not aware of this.
- Most relatives felt that staff supported people appropriately with their health care needs. One relative said, "Staff have been very supportive and responsive to them."
- The manager and staff team worked with other agencies, such as health and social care professionals, to help ensure people's needs were met. This was reflected in the professional records for people.
- The manager told us they were working on ensuring assessments for equipment, such as specialist chairs, wheelchairs, slings and hoists, were completed as soon as possible. They had recently been successful in helping more people get out of their beds. They acknowledged this was an ongoing task. For one person we identified, following us raising concerns, the manager arranged for an assessment to be completed.

Supporting people to eat and drink enough to maintain a balanced diet

- People gave mixed views about the food. One person said, "Quite often my meals and my coffee are cold when they get to me." Another person told us, "The veg is soggy and the mash is runny." However, people told us that they could ask for an alternative if they wished. We passed the feedback on to the management team who told us they had recently changed how the vegetables were cooked as people had said they were too hard. They told us they would investigate the issues raised.
- Drinks were available throughout our visit and people were being encouraged to drink. However, we did note that not all fluid charts had the amount consumed tallied so that staff knew if people had drunk enough. The manager told us record keeping was an area that needed further work.

- A relative told us how their family member needed assistance to eat due to their complex needs. However, they at times found them with cold food in front of them as the staff member allocated to support them had not done so. The area director told us this was because the person was often sleepy during the day and had their main meal at night when they were more awake. This person had lost a little weight. Staff had identified and were monitoring this. However another relative said, "[Person] loves the food there, in fact I believe they are eating better now than before they were admitted into the home."
- We reviewed people's weights and saw most people managed a stable weight. Where people were losing weight, they were on fortified diets or had referrals made to health care professionals.

#### Adapting service, design, decoration to meet people's needs

- The building had recently been refurbished which made for a pleasant and homely environment. Seating had been set up so people could gather in smaller groups.
- There was a need for dementia friendly signage in the bungalows. While we saw a board in the corridor stating the day and the menu, pictorial menus were not available on the tables and signage for communal areas and bathrooms was standard. This was an area to be further developed.
- There was a garden which was gated to allow people to move freely outside of the bungalows specifically for people living with dementia. However, the ground did have some uneven areas, such as drains and raised edges to paths, so this would need to be adapted for people to use it freely without supervision. This did limit accessibility to the garden and external doors were kept secured with a keypad.

#### Staff support: induction, training, skills and experience

- People told us they felt staff were skilled for their role.
- Staff told us they felt they had enough training and opportunities for learning should they need it. New staff received an induction which included shadowing experienced staff. One staff member said, "There is enough training, I had a week shadow induction."
- The training matrix showed that some training was needed. The area director told us this was due to new staff starting who were working through their training and that key training was provided prior to them starting work. They said, "Colleagues who have not completed all their training are being mentored and supported by other trained colleagues."

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed prior to moving into the home to help ensure they could be supported appropriately.
- The assessment process continued when a person lived in the home with a seven-day care plan for the first week of their stay. This was used to check the needs of the person were being met. A relative whose family member had recently moved into the home shared positive feedback of their experience with the manager.
- The management team ensured they were kept up to date with guidance and legislation to help ensure that people received care and support in accordance with the standards.

#### Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had capacity assessments completed where appropriate and the required DoLS applications made as needed. Best interest decisions were in place where people had been able to give their consent. We saw people being given choices throughout our visit.
- There was a record of consent in care plans and we heard staff ask people's permission before supporting them. For a person who had mental capacity but made unwise choices, there was a record and management plan of how staff supported them. This showed that staff respected people's ability to make decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity, Respecting and promoting people's privacy, dignity and independence

- People and their relatives said their clothing was often lost after being sent to the laundry. This meant at times they were without their clothing and needed to wear things which were not through choice and at times were wearing other people's clothes. One relative said, "When we visit, we find [person] wearing other people's nighties, every time." We asked staff about the concerns about laundry and people's clothing. One staff member said, "It can't be helped, if they have no other clothes to wear, we cannot let them walk around without clothes."
- We were also told that other items such as dentures were missing and belongings, such as picture frames were broken. When raised with staff, relatives were told that the person had likely lost or broken the items themselves and the family members felt their concerns had been dismissed.
- Some people who walked with purpose within the bungalows, did at times walk into other people's rooms. Further consideration was needed on how to ensure this did not happen when people did not want to be disturbed and to protect their belongings.
- People told us that staff were kind and friendly.
- Relatives also told us they thought staff were kind and caring. One relative said, "I would most definitely recommend St Christopher's Care Home, it may not be the plushiest care facility, but the responsiveness and caring attitude of the staff makes up for that."
- We observed positive interactions between people and staff. Staff were giving explanation when supporting them and speaking with people as they passed them.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made their own decisions about their care. One person said, "I'm happy here, staff nice, very open and friendly, they talk things through with you." Relatives also told us they were involved when appropriate.
- Care plans included a record of people's preferences and lifestyle choices so that staff could support them in their chosen way. People told us staff respected their choices and preferences.
- Care plans were reviewed regularly using a 'Resident of the Day' system. However, we did note that there was no signature of people on these reviews to confirm their involvement in the process.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed prior to arriving at the service. This was recorded in their care plans. We saw staff taking the time to communicate with people.
- Information could be provided for people in different formats such as large print, or picture form. We saw a food survey in easy read format.
- However, some relatives told us people's hearing aids and glasses were lost. One relative told us they can only communicate through gestures with their family member as a result of this. We raised this with the management team to follow up.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people were supported to get involved with activities they enjoyed. One person said, "There's plenty to do, crafts and singing, I join in with what I want." A relative told us, "[Person] is not one to join in with bingo and such like, they had their nails painted last week though. Last Thursday they had an awning up in the garden and a singer/guitarist entertained [people], they all really enjoyed it."
- People had an interest questionnaire completed with them to help the wellbeing team find activities they enjoyed. However, we were told that for those who were more frail, who stayed in their bed, there were limited opportunities for activities. The management team told us they were aware of this and the manager had recently recruited more well-being staff to help give more people the opportunity to get involved.

### Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. Some said that they had raised complaints, but their issues had not been resolved. For example, the quality of the food and missing clothing. One person told us they had asked for issues to be shared with the manager and wanted to meet with them, but they believed the information had not been passed on. We raised this with the management team to follow up.
- We were told by one relative that they had made a complaint about an issue. We reviewed the complaints log, and this was not listed. While we note the provider has a system for logging, responding and monitoring

of complaints, if the information does not get to the management team from the staff, then the system cannot be fully effective. The management team were working on this.

#### End of life care and support

- People received end of life care in the home.
- Staff had received training for supporting someone at the end of their life. Care plans included a section titled end of life care. However, in those we viewed they included only the basic practical care needed. The manager acknowledged that the plans needed developing to include the information that was important to people and would give them comfort. For example, favourite music, belongings and sensory considerations.
- Feedback from a relative who recently had a family member pass away in the service stated, "My [family member] stayed here for [length of time]. They were cared for exceptionally. We, as a family, also became closer with the carers, including two nurses. [Person] was looked after and cared for appropriately until they passed away. You were all fantastic and made us feel comfortable. Thank you."

#### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that they were happy with the care they received. They told us they could choose when to get up, have a bath and how to spend their day. One person said, "I can choose what I want and when to have it." Relatives felt people's care needs were met. One relative told us, "The staff are nice, [person] is looked after." Some relatives told us that people's wellbeing had improved since being at the service. This included their mobility, appetite and ability to join in with things.
- Staff told us they felt the care provided for people was personalised and not task led. One staff member said, "It is definitely person-centred care, everyone is an individual and have their own routines, people choose what they want." Staff told us they would be happy to have a relative of theirs living in the home.
- Care plans had been identified by the management team as an area that needed development. While we found that they were large and some handwriting was difficult to read, they included information that was relevant to people's needs and gave person centred detail in most we viewed.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

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.

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- While we found that standards had improved in some areas and the new manager's input had a positive impact on the service, there were some issues of concern identified. This related to consistent and clear risk management updates, promoting dignity and ensuring people felt their concerns were responded to.
- However, action already being taken by the management team, and action taken following our feedback, did mitigate risk to people. For example, training staff, updating risk assessments and providing more robust management oversight. There had been a new tagging system for laundry implemented so people's clothes would be clearly identifiable.
- The manager and area director were committed to providing good care for people. They acknowledged that there was some work to do to ensure that all elements of the service were up to the expected standards. They had developed a home improvement plan to achieve this.

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

- Over the recent weeks prior to our inspection the deputy manager and clinical lead left the service. Following that, the registered manager also left. The area director stepped in to provide management cover until an interim manager was available. The interim manager started three weeks prior to our inspection.
- Feedback from staff about the new manager was positive. It was felt that their leadership style, and willingness to work alongside staff boosted morale and helped them with their roles.
- The management team reported any incidents and important information appropriately. For example, the area director contacted the CQC when needed about some changes in the service.
- There were regular audits and checks in place to help identify shortfalls. There was a home action plan in

place which the team were working through. Many of the areas we found as part of the inspection had been identified by the manager. There was work ongoing to address these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives gave mixed views about if they felt they were listened to. One person said, "I was asked my views the other day, told them about food."
- The area director told us that they were keen to get people's views. We noted that their monthly report included feedback from people and staff as part of their observations and discussions from their visits. Staff confirmed they, along with the manager, were visible in the home.
- There were meetings held with people, relatives and staff.
- New surveys were due to be sent to people and relatives in September. The management team carried out internal surveys with people. Responses were put into an action plan which identified the points that the team needed to address.

Continuous learning and improving care

- The manager was quite new in their role. They were in the process of auditing and assessing the whole home. They told us they knew the service needed some work and were addressing the key areas.
- Following our last inspection, the management team had learned from the issues identified and worked to improve standards. For example, in relation to staff practice for infection control, the team had worked to embed the right practice.

Working in partnership with others

- The management team were working with the local authorities' teams to help improve the home. There had recently been a positive visit from the local authorities monitoring officers which reflected the progress the service had made.