

St Philips Care Limited

Ditton Priors Care Centre

Inspection report

Ashfield Road
Ditton Priors
Bridgnorth
Shropshire
WV16 6TW

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Ditton Priors Care Centre is registered to provide accommodation with personal care for up to 23 older people, who may be living with dementia. There were 20 people living at the home at the time of our visit, one person was in hospital. Care is provided across two floors and communal areas were located on the ground floor. Not all bedrooms were ensuite.

People's experience of using this service:

- People told us that they were happy and contented living at Ditton Priors Care Centre.
- Risk assessments managed risks within people's lives and staff knew how to keep people safe from known risks.
- People received their medicines as prescribed from trained and competent staff.
- There were sufficient numbers of care staff on duty to keep people safe and to monitor the communal areas of the home. However, at times, staffing levels went below assessed levels but people told us this did not adversely affect them.
- Staff felt well-prepared for their role because they had training in relevant subjects and were supported to develop their skills.
- Staff understood their safeguarding responsibilities.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's dietary needs, preferences and nutritional needs were assessed and known by staff.
- People were referred to other professionals to support their healthcare needs.
- Staff were kind, respectful and responsive towards people. They understood people's concerns and were quick to offer reassurance which reduced people's anxiety.
- Staff knew people well and supported people in line with their care plan. Care plan records were reviewed but in some cases, needed more detailed information for staff to provide the person centred care, staff told us about.
- Improvements to provide people with opportunities to engage in activities and interests had increased people's stimulation since our last inspection visit.
- Following the last inspection visit, the registered manager and regional managers had changed and the instability of management had affected some aspects of the service. The provider had appointed a registered manager who was open and honest to us about the challenges they faced within the service.
- The provider's quality assurance processes had not always identified when audits were not completed.
- The registered manager was visible and approachable. Staff said changes were for the better and they worked well as a team.
- The registered manager had plans to further improve upon the changes already made and time for those to embed would demonstrate their true effectiveness. The registered manager was working with other organisations and healthcare professionals to improve outcomes for people.

We found the service met the characteristics of a "Good" rating in four areas and "Requires Improvement" in one area; For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good. The last report for Ditton Priors Care Centre was published on 25 August 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The previous 'good' service provided to people continued, however a number of changes within the management of the service and provider, affected some aspects of this service. However, the overall rating continues to be Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our Well led findings below.

Requires Improvement ●

Ditton Priors Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team:

One inspector carried out this inspection.

Service and service type:

Ditton Priors Care Centre is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. 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.'

Notice of inspection:

The inspection was unannounced.

What we did when preparing for and carrying out this inspection:

Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. We looked at notifications that we had received about events that had happened at the service, which the provider is required to send to us by law. These included notifications about deaths, serious injuries and safeguarding's. We also considered the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to give us key information about the service such as what it does well and any improvements they plan to make. Through our conversations with the management and staff we gave them an opportunity to tell us and show us how what they described to us translated into everyday practice.

During our visit, we spoke with three people who used the service but due to their limited verbal communication, we could not hold a full conversation with them all. We observed the communal areas to assess how people were supported by staff. We spoke with the managing director, the registered manager, a deputy manager, two care staff, a cook and an administration assistant.

We reviewed a range of records. For example, we looked at three people's care records, multiple medication records and examples of related healthcare records. We also looked at records relating to the management of the home. These included systems for managing any complaints and people's feedback. We looked at the provider's checks on the quality of care provided that assured them they delivered the best service they could.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;

- People's risks were assessed and managed in a safe way. Care plans contained risk assessments and each assessment had an ongoing review with aims and actions clearly identified.
- Staff knew people's risks and the actions to take to minimise the risk of harm. For example, a person was at risk of falls. A staff member said this person had a sensor mat that when triggered, staff went to the person to check they were safe when mobilising. Staff told us they had to remind this person to use the 'right footwear and to take big steps to reduce the risk of falling'.
- Health and safety checks and environmental risk assessments were completed so any known risks could be reduced. Checks of equipment such as hoists and slings were completed. Fire and water safety checks were completed at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had their own individual personal evacuation plan to ensure their needs were recorded and could be met in an emergency.
- The registered manager learned from incidents that had occurred at the service and appropriate responses and actions had been taken to prevent the risk of future reoccurrence, for example monitoring of falls, incidents and accidents.

Staffing and recruitment;

- Staffing levels met people's needs. People said staff were available promptly if they needed any help and support.
- Staff said the increase to four care staff had made a positive difference, giving them more time to support and chat with people. We observed staff responding to people in a timely way during our visit and staff gave people plenty of time to communicate what they wanted to say or how they felt. Call alarms when raised, were responded to quickly.
- The registered manager completed a dependency tool that gave them confidence, the right staff numbers were on shift. However, at times, those staff levels were not always kept to. The registered manager covered some shifts which did impact on their ability to retain effective oversight of the service. They agreed to speak with the provider to utilise agency staff where needed.
- We did not look at staff recruitment files because there was no information or concerns identified during our planning. The registered manager said all staff had pre-employment checks completed and enhanced criminal record checks to ensure they were of suitable character. Recent and ongoing recruitment ensured continued checks on potential new staff would include reference and criminal record checks.

Using medicines safely;

- People received their medicines safely. Medicines were stored and administered safely and records we checked, showed staff had correctly signed medicines administration records when given.

- Time critical medicines were given at the correct time intervals which helped manage people's health conditions. If people required as and when medicines, clear instructions advised staff when to give them safely, such as signs of pain or agitation and what safe doses to administer.
- Staff were trained to administer medication and regular audits were completed to ensure medicines continued to be given safely and as prescribed.
- For medicines that were given covertly (disguised), these were given safely and in line with pharmacist advice.

Preventing and controlling infection;

- The environment was clean and some communal areas were in the process of being repainted.
- Staff told us that they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection.
- During our visit, a number of ground floor hand sanitisers were empty. Staff said this was frustrating and in some cases, used their own personal sanitiser. The registered manager assured us they would ensure the hand sanitisers would be filled and available to staff and visitors.

Systems and processes to safeguard people from the risk of abuse;

- Staff were trained and knew how to protect people from abuse and poor practice. Staff were confident to raise any concerns with senior staff, the registered manager or the provider. If staff felt no action was taken, one staff member said, "We have a hotline (Safeguarding telephone number) I guarantee I would use it." Staff had not witnessed any poor practice whilst at this service. The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

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

Good: People's outcomes were consistently good and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience;

- Staff received an induction at the beginning of their employment.
- Staff received training to ensure that they were suitably skilled to work with the people living at the home. Staff said the training gave them the skills and knowledge they needed to care for people, especially people with more complex health conditions. In addition to mandatory training, staff received training in topics such as choking risks, distressed signs, reactions and behaviours and dementia.

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

- People's rooms were decorated in line with their personal preferences and choices.
- People had access to assistive technology. For example, people had sensor mats in their rooms to alert staff if they needed assistance.
- The registered manager had plans to redecorate parts of the home and to utilise the extensive gardens and outside space for people. At the time of our visit, a ground floor bathroom was being refurbished, but was awaiting a new bath to be installed shortly. Other bathrooms were available for people to use.

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

- People received a pre-assessment before they came to live at the home to ensure their individual needs were identified and their needs could be met in an environment where they would be sharing with others.
- Care plans were developed from completed assessments which considered people's support needs. Staff used care plans to help them deliver care and support to people. These were regularly reviewed to ensure they remained relevant to meet people needs.
- People were included in daily decisions. One person said, "Staff do ask and they do what I ask." Staff understood respecting people's choice was an important part of their role.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff worked within the principles of the MCA. They explained to people what was about to happen before delivering care and gained their consent, for example, when supporting them with medicines or their personal care routines. Staff respected people's choice and decisions.
- Where people were unable to make a choice, staff worked with the person and helped them make decisions for them knowing they were in the person's best interests.
- The registered manager told some people had restrictions on their liberty, primarily because they needed supervision to go out of the home. This was more about keeping them safe, than depriving them of their freedoms.
- Staff were aware of the protected characteristics under the Equality Act and provided support to people that met people's needs without fear of discrimination about their age, culture, religion, gender or sexual orientation.

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

- People's nutritional needs were met.
- Specific dietary requirements were met and catered for. For example, where people required vegetarian, soft or pureed diets, these were prepared and served in accordance with people's needs.
- People told us that they enjoyed the food. One person said, "I had beef stew today – it was lovely." People told us they had choice and the food was plentiful. Where people needed their food and fluids monitored, checks and regular weighing of people were completed. If further health interventions were needed, this happened.

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

- Where people required additional support from other professionals, referrals were made in a timely way. In one example, a person had recently undergone an eye operation. Staff said, "The difference, is remarkable. They now communicate more, need less help and are learning to do new things like sensory puzzles." Staff said this has had such a positive outcome, the person had confidence to get their other eye operated on.
- A visiting professional provided positive feedback in an October 2018 provider survey regarding the quality of care provided. They wrote 'Exceptional changes over the last six months'. Their comments indicated improvements had been made.
- The registered manager said following their appointment in December 2017, they had improved links with healthcare professionals.
- Staff at the home worked closely with the local General Practitioner who had weekly contact with the service. Staff also worked alongside district nurses, opticians, and mental health specialists.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity;

- People told us staff treated them well. One person said, "The staff are caring, they treat me very well." People said they got on well with staff and we could see this from our observations.
- Staff knew people well and were responsive to people when they showed signs of distress or upset. For example, during our visit we saw some people became upset and staff were quickly on hand to comfort the person. In most cases, staff knew why the person was upset, usually from missing family members. Staff provided constant reassurance which helped people.
- We asked people if they had a gender preference when staff supported them with personal care. In all most all cases, they did not but people said they did not mind because staff were kind towards them and they felt comfortable in staff presence.

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

- People told us that staff supported them to be involved in making decisions about their care.
- One person said staff helped them to remain as independent as possible, "The staff are very good, they allow me to do what I can which I like."
- People's care plans took into consideration their personal needs and choices. This included some of the protected characteristics under the Equalities Act 2010 such as race and religion.
- The registered manager held meetings with people and relatives to obtain their views about the care and support they received. Minutes of these meetings were available for us to see. Where recommendations or suggestions had been made, relevant actions had been considered. Quality surveys were sent annually, seeking their views about the service. Results showed, everyone was pleased.

Respecting and promoting people's privacy, dignity and independence;

- People told us that they felt respected by the staff.
- Staff told us how they ensured people's privacy and dignity was upheld. Staff gave us examples of how they protected people, such as always knock and wait to be invited and keeping people covered as much as possible. For people whose room was visible from the garden, staff made sure all doors and curtains were closed.
- One person told that they liked to spend time alone in their room and that this was respected by staff. This person said they liked to sit in their room with the door open so they still felt involved in what was going on, but still respecting their own personal space.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- Care records contained information that was individualised. We found care staff's knowledge of people, especially 'the small things' was very good, but not always included within care plans. Staff said knowing people's past histories and behaviours helped them to know what to do to reassure people and de-escalate behaviours. Approaches that worked well, were not always recorded. We recommended this be incorporated into plans of care which would help provide the person centred care needed, especially when agency and new staff may be providing people's care and support.
- The registered manager understood the requirements of the accessible Information standard (AIS) and took appropriate action to ensure these were met. The AIS places a responsibility on a service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
- People had access to activities, interests and hobbies that were now more tailored to individual needs and wishes. A dedicated activity staff member organised planned events. Staff told us, "They get time now, they didn't before." Staff said they had time to sit and talk with people, which was what most people wanted. Staff knew people's backgrounds so could tailor activities to people's known interests.
- Pictures of activities that had taken place within the service were available to remind people what they had done. On the day of our inspection, there were local school children performing for the people of Ditton Priors Care Centre. We saw staff got people involved in music and dance. Others were seen to be clapping along. For people that preferred their own company or quieter areas, this was respected. For people who did not like group activities, staff supported people in their own rooms.

Complaints or concerns;

- People were continually involved in day to day choices so when people's actions or signs showed they were unhappy, staff supported people to prevent any concerns escalating. People knew how to make a complaint, saying the registered manager was always around to share concerns. The registered manager said following their appointment in December 2017, there had been no complaints.

End of life care and support;

- At the time of our visit there was no one receiving end of life care.
- This is not a nursing home but where possible, people could remain at the home and as much support as possible would be provided to ensure if people wanted to stay, this could be accommodated. The registered manager told us about a person who had recently passed away and their wish to remain at home, had been respected. This had been possible with support from healthcare professionals and involvement from the person's family.
- Compliment cards from relatives whose family member had passed away, reflected staff had been kind, sympathetic and supportive during this time.

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Legal requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- The registered manager had been working in the service since 26 December 2017. They were open and transparent about the improvements that had been made. When they started at the service they told us, "What a mess, staff morale was low, safeguarding issues and no activities. It was a challenge. We put a voluntary stop on accepting referrals to keep people safe." Through the registered managers changes, some staff left the service. The registered manager said they were now proud of their staff team, "We have worked hard, a good set of staff and we have improved...activities has improved massively." They said, "We are getting there." However, a number of competing priorities, had seen some of the quality monitoring not remaining effective.
- The registered manager told us that a lack of available staff meant they had to cover some shifts, but they had not utilised agency staff. This meant they had less time to oversee and embed their improvement actions and to check staff when tasks were delegated to them had been completed.
- The managing director told us how the changes over the last 18 months had challenged the service. They explained how changes in registered manager and regional managers had in their opinion, let standards slip. They told us were confident they had the right senior leadership and registered manager in place to improve the standards of care and management of the service. They said, "The registered manager is diligent and self-critical. They have worked hard." When we shared our concern around staffing and agency use, they agreed to support the registered manager.
- The registered manager had introduced key changes such as electronic care planning, supervisions and improved completion of training. The managing director said this was now one of their best homes for staff training. Figures had risen from 57% to 97% completion. They had improved care planning and they made sure care reviews were completed.
- The registered manager was aware of their responsibility to provide people with safe, effective care. They welcomed our inspection and feedback and begun to take actions for recommendations we made, such as more personalised information in care records.
- Staff spoke highly of the registered manager and the impact they had already had on the home. One staff member told us, "They are good, approachable and they do care. Now, the care is 'on point'." Staff said improvements to activities, care planning and their training benefited people and the staff team. Staff said the increase of staffing had been positive for people.
- Confidence in the registered manager was shared by people. People knew the registered manager and if they had concerns, they would discuss them with her knowing they would be listened to.

- A programme of audits and checks were completed at regular intervals set by the provider. Within some of these audits, there were gaps where audits were not completed because the registered manager was covering other aspects of the service. The registered manager acknowledged this and agreed to take action to focus on completing all audits and actions at the required intervals. This also applied to other audits where staff had a delegated responsibility. Audits were not always completed at the right times.
- The last inspection rating was displayed at the home, as required.

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

- People and relatives' feedback was sought. Satisfaction survey results showed people were complimentary about the service. Results showed 100% of people and relatives were satisfied with activities, the staff, the care, the environment and the quality of meals.
- Healthcare professionals and staff feedback was sought. All positive comments.

Working in partnership with others;

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- Links with outside services and key organisations in the local community were being improved and maintained. During our visit, local school children visited people to sing to them. People said they enjoyed external musicians.
- The provider worked with other organisations to achieve better outcomes for people and improve quality and safety. This included the local authority and local Clinical Commissioning Group (CCG). The provider had taken on board findings following their quality visits and acted on their recommendations. This also applied to when an external pharmacy audit was completed.
- Staff worked with local services such as GPs and district nurses to ensure people's health and wellbeing continued to be promoted.

Continuous learning and improving care;

- The managing director told us they had reflected and learnt from the concerns raised with the previous registered manager. They had made some changes within the leadership structure and registered managers audits and reports were regularly sent to the provider. This ensures governance checks are completed when required and they can monitor actions are taken.
- The managing director said CQC inspections are discussed at senior manager level and any learning or issues are investigated and if improvements are required, these are cascaded to other services.