

GCH (St Stephens) Ltd

St Stephen's Care Home

Inspection report

St Stephens Terrace
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Worcester
Worcestershire
WR3 7HU

Date of inspection visit:
09 November 2016

Date of publication:
15 December 2016

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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?	Good ●

Summary of findings

Overall summary

This inspection took place on 9 November 2016 and was unannounced. St Stephen's Care Home provides personal care and accommodation for up to 51 older people. There were 44 people who were living at the home on the day of our visit.

There was a registered manager in place at the time of our inspection. 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.

People lived in a safe environment as staff knew how to protect people from harm. We found staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks.

There were sufficient staff on duty to meet people's needs. People told us that staff helped them when they needed assistance. Regular reviews of people's care and deployment of staff meant staffing levels were reflected the needs of people who lived at the home. People's medicines were administered and managed in a safe way.

The registered manager supported staff by arranging training so staff developed the skills to provide care and support to people which was in-line with best practice. People and relatives told us of the positive benefits this had on the care and support received. We found that staff provided people's care with their consent and agreement.

People were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People had access to healthcare professionals, such as the chiropodist and their doctor when they required them and where supported to attend hospital appointments.

We saw people were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

People were supported to continue with their hobbies and interests. People felt the general activities and entertainment in the home was good, with aspects they enjoyed doing. People were supported to go to church when they wanted. Where people wanted to spend time in their rooms staff respected their decision.

We found people knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 12 months. We found nine complaints had been received, all of which had been responded to with satisfactory outcomes for the complainants.

The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people received care and support in-line with their needs and wishes.

We found the checks the registered manager and regional manager completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve staff practice.

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.

People were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had knowledge, understanding and skills to provide support in an empathic way. People received care they had consented to and staff understood the importance of this. People were provided with food they enjoyed and had enough to keep them healthy. People saw external healthcare professionals when they had required this.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were committed to providing high quality care. The staff were friendly, polite and respectful when providing support to people. People were supported in a dignified way that respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were included in the way the service was run and were listened too. Clear and visible leadership

meant people received good quality care to a good standard.

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 comprehensive inspection on 9 November 2016. The inspection team consisted of one inspector and one expert by experience, with expertise in dementia and elderly care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including, the provider information return and statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We spoke with the local authority about information they held about the provider.

Some of the people we spoke with were not able to tell us in detail about their care and support because of their complex needs. 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.

We spoke with 14 people who used the service and three relatives. We also spoke with three care staff and two senior care staff, one agency care staff, the registered manager and the regional manager.

We reviewed one person's care records and three people's medicines records. We also looked at provider audits for environment and maintenance checks, compliments, complaints, incident and accident audits and staff meeting minutes and service users questionnaire responses.

Is the service safe?

Our findings

All the people we spoke with felt safe living in the home. One person said, "I do feel safe here". Another person told us, "The staff are very good, they make me feel safe". Relatives we spoke with felt their family member was safe living in the home. One relative told us how staff had supported their family member while they settled into the home. They felt staff managed this in a way that respected the person but kept them safe.

All the staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. We found that safeguarding information was on display at the home. We found the registered manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed and plans put in place in a way that protected them. For example, a senior care staff member explained how one person was at risk of falls. We saw the person had their walking frame to hand and saw how staff supported them when they needed assistance; the person told us this made them feel safe. The person's relative told us how the staff had supported their family member to use the frame to walk, they said, "The staff have helped (the person's name) to gain their confidence back". Two staff told us how they helped the person to transfer from their bed to a chair in a safe way.

All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us, "The call bells are answered quickly". Another person said, "They always come to me when I press the call bell". A further person told us how they did not use their call bell, but staff "Do come in and check on me". All relatives we spoke with told us there were enough staff to meet their family member's care needs. One relative we spoke with said staffing had improved over the last few months. We saw staff did not hurry people and allowed people to do things at their own pace. While staff were busy we saw staff within the communal areas and they responded promptly to people's requests for assistance.

Staff we spoke with told us they felt there were enough staff on duty to support people. One staff member said, "We are busy, but shifts are always covered". A further staff member told us that while they had busy periods, they felt they had time to spend with people. Staff we spoke with told us they felt the staff team worked well together and staff were settled into their roles. All staff we spoke with said the registered manager had a good knowledge and understanding of people's care needs in order to put appropriate staffing levels in place.

The registered manager explained there were care staff vacancies which the provider was actively recruiting to fill the positions. They explained that during this period agency care staff were being used and ensured these were the same agency staff to ensure continuity of care for people who lived in the home. We spoke with one agency care staff who told us that they had received information about people they were

supporting so they could care for them in the right way. We saw the permanent staff provided clear direct for the agency staff and were forth-coming in supporting them.

We saw that the registered manager consistently reviewed staffing levels and made adaptations where people's dependency needs changed. The registered manager told us how they had reviewed staffing levels and had increased staffing in the afternoon to ensure people's needs were being met in a safe way. They told us and staff confirmed that since the additional staff member was in place this was working well.

All people we spoke with did not have any concerns about how their medication was managed. One person said, "My medication is given to me on time". A further person told us how staff always asked them if they needed their pain medication and gave them this if they needed it. A relative we spoke with told us the staff ensured their family member had taken their medicine before they left the person. We spoke with a staff member who administered medication. They had a good understanding about the medication they gave people and the possible side effects. They showed a good awareness of safe practices when handling and administering medicines. We found people's medication was stored and managed in a way which helped to keep people safe.

Is the service effective?

Our findings

People we spoke with felt staff knew how to look after them well and in the right way for them because the staff had the skills needed to care for people. One person told us, "The staff are well trained". Another person told us "I can't fault anything, I'm well looked after". All relatives we spoke with told us staff were knowledgeable about people's care needs. One relative we spoke with explained how staff had supported their family member to settle into the home during what was a difficult time for the person.

Staff we spoke with felt the training they had received was useful and appropriate to the people they cared for. One staff member said, "We have a lot of training, I find it useful". Another staff member told us, "The training is good, it gives you more understanding into people's needs, how they may be feeling". We saw where staff had applied their training to the care and support they provided people. For example, staff said they had received good manual handling training so they could assist people with their mobility. We saw that when staff did this, for example, hoisting a person from a chair to their wheelchair this was done in a safe and controlled way.

Staff told us that they worked together and that communication had improved since the registered manager had arrived. All staff we spoke with told us they knew where they were expected to work within the home and worked flexibly to ensure all areas of the home were covered where needed.

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 we spoke with told us staff sought their agreement before carrying out any personal care and staff respected their wishes. One person told us how staff respected their choices, such as when they chose to go to bed in the evenings. While a further person told us how they preferred to remain in their room with the door shut, they told us all staff knew this and did as they had asked.

Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. Through our conversations with staff it was evident staff knew people well. One staff member was able to explain the persons preferences, knew what they liked and what they did not. They told us, "I know what [the person's name] does and does not like, but we always offer them the choice". We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the registered manager ensured people received care and treatment that was in-line with their consent.

The registered manager had a good understanding of the MCA process and assessments had been completed for people where it had been identified they lacked capacity for some decisions.

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.

We found that the registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. Staff had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make some decisions themselves. Applications had been made to the local authority where it was assessed that there were restrictions on people's liberty.

All people who we spoke with told us they enjoyed the food at the home. One person said, "The food is always very good. I am able to have food I enjoy eating". Another person said, "I always have a hot meal at lunch time, I like the food". While a further person told us, "The choice of food is good, if I don't like the choices, they will make me something else". We saw where people did chose to eat in the dining room staff ensured people had enough to eat and if they were happy with their meal. Where people requested more food throughout the day we saw those requests were always responded to.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand or supported those to drink where they needed assistance. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us people had been assessed for their risk of dehydration. Where this had been the case, individual fluid charts were drawn up and tailored to each person. The fluid monitoring charts were used to demonstrate if the person was having enough fluids to keep them healthy.

People we spoke with told us they had access to healthcare professionals when they needed and appointments with health professionals were arranged in a timely manner when they requested these. One person we spoke with told us that they received a timely assistance from staff when they required a doctor. Another person told us that they were supported to visit the chiroprapist.

All relatives we spoke with told us staff always informed them if their family member had become unwell and needed the doctor or hospital treatment, which was in-line with the person's consent. Relatives told us that staff recognised when a person became unwell and contacted health care professionals where necessary.

Is the service caring?

Our findings

All people we spoke with told us staff were kind and caring towards them. One person said, "I find it quite nice and I'm happy". Another person told us, "I'm happy and we have a laugh together". While a further person felt staff were, "Very good, always jolly and easy to talk to". One person told us how staff were supportive when they were worried or concerned and told us, "I can trust them, I feel very lucky". Some people we spoke with felt staff encouraged and helped to develop friendships within the home. Two people told us how they went to church together every week. One person told us how they "Now had a group of friends to spend time with".

All relatives spoke highly of the staff who provided care for their family members. One relative told us "Staff are kind and patient, I'm really pleased". All relatives we spoke said they felt welcomed into the home and felt they were part of the family and not visitors. Relatives felt they could approach any member of staff for a discussion and found the registered manager supportive to their requests.

Throughout the inspection we saw staff were kind and caring towards people they supported. One person we spoke with felt the staff were, "A tremendous support to me, as my family are not close by, if I'm unwell they help me find a way to deal with things". We saw people smile at staff when they spoke with them. Staff interacted with people in a relaxed way, which encouraged further conversations. We saw how staff supported a person while they were being hoisted from their chair to a wheel-chair. Staff did this in a caring and patient way, reassuring the person throughout and ensuring the person was comfortable and their dignity maintained.

People said staff supported them to make their own decisions about their care and support. People said they felt involved and their wishes were listened to and respected. People we spoke with felt all their choices and decisions about their care were listened to. For example, people told us they could have a bath or a shower when they wanted. One person told us how they got up in the morning when they wished and staff always respected this. A further person told us how staff always knocked their bedroom door and waited for a reply before they entered their room. People said they chose their clothes and dressed in their preferred style. We saw staff ensured people's clothes were clean and changed if needed. People told us and we saw that staff had taken the time to put people's jewellery and perfume on.

We heard staff speaking with people in a calm and quite manner. Where people required assistance to the bathroom, this was done in a respectful and dignified way. We saw where people were assisted with their food and drinks this was done at a pace which suited the person. One relative we spoke with told us how they felt happy that their family member was being looked after in a caring environment and this provided them with reassurance. They told us, "The quality and friendliness of the staff there's none better". All relatives we spoke with felt that their family members were treated well and with dignity and respect.

Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

People and relatives told us they were involved in the development and review of their care. We found a system was in place to ensure people's care was reviewed on a monthly basis or when their needs changed. We spoke with staff about when a person's health had deteriorated and what support had been put in place. Staff we spoke with were able to tell us what additional support the person had, such as a special chair so they could sit comfortably when out of bed. Staff we spoke with told us that this had meant the person did not have to remain in bed and gave the person a choice.

We spoke with staff about how they knew people's preferences around their care and support, they told us this was gained through asking the person, their family member or seeking guidance from more experienced staff. Staff told us that people's care plans were detailed and had information that was useful to them. Staff spoke of different care records that were suitable for different staff members, for example, care records for agency staff to review, to capture people's day to day personal care needs and any health concerns.

Staff told us they worked together and had good communication on all levels. All staff we spoke with told us they had detailed handover of information. One staff member told us that if they had been off for a longer period of time, they were given detailed information of what had happened while they were away. All staff we spoke with felt that due to the good levels of communication that was in place, such as handovers, team meetings and on-going communication with the registered manager, people received responsive care in a timely way. A staff member we spoke with felt that this improved the delivery of care for people as all staff were up-to date with people's most current care needs.

Staff closely monitored people's health and took actions as appropriate. A person we spoke with told us, "The staff are very good at picking up when I'm not feeling myself and they call the doctors for me". A care staff member told us, "We know the residents really well; we know when they are not their usual selves". A senior staff member told us the staff were good at reporting any concerns they may have so action could be taken promptly.

We saw how one person expressed their concern about their pain with a staff member. The staff member listened to the person and provided them with different options that were available to them to help resolve their concerns. Following the person's decision we saw the staff member was responsive in ensuring they carried this out and contacted the person's doctor on the person's behalf. We spoke with the person afterwards who told us that the staff member had reassured them and provided them with confidence that their health was their priority.

We asked people if they were supported to maintain their hobbies and interests. Some people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of life. One person told us how they preferred to stay in their room and staff respected this. Another person said told us they enjoyed playing dominos and said they had the opportunity to do this when they wanted. A further person we spoke with told us how they enjoyed spending their time reading the paper which was always delivered to them. While a further person said, "They organised a fireworks night which was lovely",

and continued to say, "I walk to the church every week with my friend". A further person told us how they had been a keen gardener and staff had encouraged them to continue with this at the home which they were happy about. They told us and we saw they had use of the greenhouse where they were raising plants for next year. They said, "I also helped out with the weeding".

People we spoke with felt the activities offered suited their needs and they could choose which ones they wanted to attend. We observed some group activities taking place. We saw people were offered the choice to join in and staff respected people's choices.

People and relatives felt they were listened to and knew who they could speak to if they did have any concerns. Most people we spoke with did not raise any concerns or complaints about the service. One person felt that it was a little noisy at night with people laughing, we raised this with the registered manager who provided assurances that night staff were made aware as some people preferred to stay up late and how they could ensure this did not always disturb other people's sleep. Another person told us how they had no complaints about the service or the staff. A relative told us how much the service had improved and said the registered manager was approachable and responsive to their questions.

The provider shared information with people about how to raise a complaint about the service provision. All people and relatives felt confident that if they raised a concern it would be resolved. One person said, "I have had no issues here." We looked at the provider's complaints over the last 12 months. We saw that nine complaints had been received; three of these were around the lift that was out of order in May and June of 2016. We spoke with the registered manager who explained they ensured clear written reasons were on display for people and relatives providing detail of the delay in fixing the lift and discussing any concerns with people during this time. We saw that all complaints had been responded to in line with the provider's policy with satisfactory outcomes for the complainant.

Is the service well-led?

Our findings

People told us they had many opportunities to contribute to the running of the service. They said they would speak with the staff, the registered manager and the regional manager if they needed to. People told us staff often asked if everything was going well or if there were any changes they needed. People said their views and opinions were listened and responded to. All the people we spoke with felt happy with the service they received and did not express any aspects they may wish to improve or develop. The registered manager told us that previously people and their relatives had meetings together. However they felt that moving forward having separate meetings would be more worthwhile. The registered manager had scheduled these meetings and shared the dates with people. Relatives felt that communication from management was good. Relatives felt they could approach the registered manager and have ad-hoc meetings if they needed to. All the relatives we spoke with were happy with the service and the way that it was being run.

All people and relatives we spoke with felt included and empowered to make suggestion about the running of the service provision. A person we spoke with said, "I often see [the regional manager's name], she pop in and has a chat with me, and makes sure I'm okay". One relative said, "[The registered manager's name] is a very involved. They spend a lot of time out on the floor observing and chatting to the residents and observing staff interactions". Both a person living at the home and their visiting relative told us they were very impressed with the registered manager.

Staff told us they were supported by the management team and other staff members. All staff members we spoke with told us they enjoyed their work, and caring for people in the home. All staff we spoke with said if they had any concerns or questions they felt confident to approach the registered manager. One staff member spoke about the registered manager and said, "They care, they really do, they are out there, they know what's going on, they have made things better for everyone, people and staff". Another staff member we spoke with told us, "Things are going well, I am happy".

Staff told us that they had staff meetings and the opportunity for one to one conversations about their development and learning. Staff told us that they enjoyed the opportunity in being able to discuss different matters. Staff told us that they were not restricted to discussing any aspects of the role to these times and felt that any comments or suggestions they may have they could approach the registered managers as soon as needed.

All the people, relatives and staff told us they knew who the registered manager was as they were visible within the home and felt able to talk to them in passing, or felt able to visit them in their office.

The registered manager told us they felt supported by the provider. They explained they had regular visits from the regional manager who provided support, listened. Where the registered manager felt improvements could be made the regional manager had listened and acted upon these. For example, the registered manager had identified that a further staff member was needed to support people in the afternoon. The regional manager had agreed this and an additional staff member was placed.

The registered manager checked different areas such as staff training, incidents and accidents, medicines and care records. The experience of people was looked at within these areas. The registered manager explained they carried out weekly audits, for example, of medicines records. They told us that frequent checks meant that any shortfalls were identified quickly so that prompt action could be taken. Such as, discussing an identified shortfall which related to a specific staff member to understand what had happened and whether further learning was required.

Surveys had been sent out to people who lived in the home, which gained feedback around their experiences of living in the home. We found these to be mainly positive, with good feedback around the caring nature of the staff. The registered manager told us they were looking to change some of the questions to ensure they were asking the right questions for the people they supported in the home. We saw that from previous questionnaires information had been displayed around the home which informed people of what they raised as an area for improvement and what the service had done to improve this.