Platinum Health Resources Limited

St Christopher's House

Inspection report

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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 29 March and 4 April 2017 and was unannounced.

St Christopher's House is a residential care home that provides accommodation and personal care for up to six people with mental health needs. At the time of our inspection five people were using the service. There was a registered manager in post. 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.

Our previous inspection took place on 6 November 2015. Two breaches of the regulations were found. There was a concern about the cleanliness of one shower room where there was an infection control concern. Secondly, the service was not ensuring staff had an up to date Disclosure and Barring Service (DBS) check before they commenced employment. At this inspection, we found that both concerns had been addressed, the service was clean and well maintained and staff were recruited in a manner to ensure the safety of vulnerable adults.

In addition we had recommended that the provider consulted best practice guidance in providing person centred care. We found this had taken place and people's care plans were person centred and reflected them well containing their history, aims and goals.

Staffing levels were assessed to meet the needs of the people using the service and staff told us they felt well supported by the registered manager and team leader. Each person had a keyworker, this is a staff member allocated specifically to the person who knows the person well and is a point of contact for the person, family and professionals. People told us staff were caring and the service was homely and welcoming.

We found a focus and strength of the service was supporting people to be as independent as possible. Staff supported people to learn new skills to become independent and where appropriate support was given to people to move to more independent living.

People told us they felt safe in the service and could go to staff for help if there was a problem. People had detailed and thorough risk assessments that managed risks to both themselves and to others.

Staff told us about people's mental and physical health and the support they required to keep well. Staff supported people by administering their medicines in an appropriate manner and told us what steps they would take if they saw people's mental or physical health was deteriorating. There was close liaison between the service and mental health professionals.

Staff received a thorough induction and subsequent training. Some newer staff had not received training to manage behaviour that might challenge the service however we saw these staff were identified to attend

training to address this.

The service was well-led, the registered manager was well thought of by staff and people confirmed they felt able to raise concerns and these were addressed. The registered manager had an understanding of Mental Capacity Act 2005 legislation as did the staff. People were fully involved in their care planning and signed their care plans as they had the capacity to consent to their care and treatment.

The staff asked people for feedback on a regular basis in one to one meetings and the provider undertook a yearly survey. Audits and checks took place to ensure the quality of the care given.

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. Staff were recruited in a safe manner to protect vulnerable people. Staffing was evaluated by the registered manager to meet the changing support needs of people using the service.

The service was kept to a good level of cleanliness to prevent cross infection and facilities were well maintained.

The staff understood their responsibility to report safeguarding adult concerns appropriately.

People had detailed risk assessments to ensure both their own and others' safety.

People received their medicines in a safe manner and staff followed the medicines administration procedure.

Is the service effective?

Good

The service was effective. The registered manager and staff were aware of their responsibilities under the MCA and DoLS.

Staff received training and supervision to enable them to undertake their role.

Staff had a good understanding of people's mental and physical health conditions and ensured people accessed the appropriate health services.

People had nutritious meals, staff promoted healthy eating and ensured people remained hydrated.

Is the service caring?

Good

The service was caring. Staff were caring and professional in their approach to people.

People were treated with dignity and respect.

People were involved with their care planning and reviews.

Is the service responsive?

Good

The service was responsive. People had person centred care plans that promoted independence and were detailed reflecting the person and their aims and goals.

People said they could raise complaints and that these were addressed by the registered manager.

Is the service well-led?

Good

The service was well-led. There was an experienced registered manager in post.

Staff were well supported and there were good lines of communication in the service. People were encouraged to provide feedback to the service.

The service worked in partnership with the health and social care professionals and the commissioning authority.

St Christopher's House

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 checked 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.'

This inspection took place on 29 March and 4 April 2017 and was unannounced.

The inspection team consisted of one adult social care inspector. During our inspection we met all five people living in the service and spoke with three people. One person showed us their bedroom. We observed staff interaction with people at intervals throughout both inspection days. We looked at three people's care records. This included their care plans, risk assessments, medicines records and daily notes.

We reviewed three staff personnel files. This included their recruitment documentation, training and supervision records. We spoke with two support staff, the senior support worker and the registered manager.

Following our inspection we spoke with two health and social care professionals and a representative from the commissioning body.

Good

Is the service safe?

Our findings

At our previous inspection in November 2015 the service was not undertaking all recruitment checks before staff commenced work. When we visited on this occasion we found that the service had robust recruitment systems in place for the safe recruitment of staff. Staff personnel files contained application forms, interview notes, references, proof of identity and Disclosure and Barring Service checks undertaken prior to staff commencing their role.

Staff told us there were enough day and night staff to meet people's needs and the registered manager gave examples of how staffing levels were increased on occasion to meet the needs of people using the service. There had been recruitment throughout the past year, there was now an established staff team, and on the day of inspection there were enough staff to meet the needs of the people using the service.

At our previous inspection we found one area of the service not been maintained appropriately. During this inspection we found this had been addressed and the service was clean. There was good infection control throughout the service. Staff had attended food hygiene training and for example labelled and stored opened food appropriately to avoid people eating out of date food items. Staff had also attended infection control training to understand the risks of cross infection in the service.

People told us, "Yes I feel safe here, it's not bad" and "If I felt something was wrong staff would do something about it". The service displayed "No to abuse" posters and gave people information to report abuse if they had safeguarding adult concerns. Staff had received safeguarding adult training and could tell us how they would recognise and report safeguarding adult concerns appropriately.

People living at St Christopher's House had very detailed personalised risk assessments to protect themselves and others from risk. Risk assessments were for example about going out in the local area, self-neglect, self-harm, risk to and from others, substance misuse and risk of mental health relapse. Risk assessments were initially completed with the input from mental health professionals and took into account any restrictions placed on people. The service updated and reviewed risk assessments on a regular basis and in response to changes of circumstances. Care plan review meetings were held with the mental health services each year or more frequently if appropriate. The registered manager, team leader and staff were able to describe measures in place to keep people safe and actions they would take should circumstances change. People signed to say they agreed with measures to ensure their safety.

Environmental hazards were risk assessed and measures put in place. There was a fire safety policy and fire safety staff training, fire exits clearly signed, fire-fighting equipment, a displayed fire procedure, weekly fire alarm checks, fire drills every three months and people's response recorded and addressed with them if they had not responded appropriately. Signs reminded people there was no smoking allowed in the building.

Medicines were stored appropriately in a secure manner. Staff had received training to administer medicines and we saw they administered people's medicines in an appropriate manner. People went to staff to receive

their medicines, staff administered and monitored to ensure medicines were taken. People collected their own prescriptions from the GP and pharmacist and attended clinics independently when medicines given by injection were prescribed. This maintained people's independence. Staff were able to tell us about people's medicines use and possible side effects and allergies were highlighted in records to ensure the information was easily seen by staff. Medicine administration records (MAR) seen were complete without error or gaps.

Good

Is the service effective?

Our findings

Staff were well informed about the people they provided care to and could tell us about people's mental health diagnosis and support needs in detail. People living at the service had complex mental health needs and their records contained detailed mental health assessments that included for example people's mood, thought content, if they had delusions and their insight into their condition. Each person's plan contained their relapse indicators that flagged to staff the person's mental health might be deteriorating. Staff knew these indicators and could tell us what action they would take should they have concerns; staff response included making the appropriate mental health professionals aware. Staff worked very closely with mental health professionals to ensure one person attended clinic on a two weekly basis. People who required support with alcohol or substance misuse were given the appropriate advice and support to manage these concerns.

Staff could also tell us about people's physical support needs as their care plans stated. For example one person was weighed monthly and was seen by the GP who referred them to a hospital clinic to investigate their unexplained weight loss. Another person who was overweight had staff support to reduce their weight and monitor progress. They also had received appropriate GP support for weight related health concerns. We saw that people had been encouraged to attend monthly blood tests when they were prescribed specific medicines and routine check-ups such as the dentist and opticians. People who smoked were given information about smoking cessation groups and their keyworker discussed what the benefits of stopping smoking might be. Staff had received first aid training to manage emergencies, the first aid box was well stocked, and posters showed were the first aid box was stored and who were trained first aiders.

Staff told us, "I feel well supported here". Staff had received supervision sessions approximately every three months and when staff had worked for over a year they had received a yearly appraisal. The senior staff explained if there was a concern they might have an "extraordinary supervision" to address the matter earlier than scheduled.

Staff told us, "The induction covered everything" and included "working with experienced staff for about a month". We saw staff had received a thorough induction and were tested to ensure they had learnt the training; areas were then signed as completed once staff were competent. Staff had received safeguarding and MCA training during their induction and further MCA training was planned in conjunction with Platinum Health Resources Limited other services. Staff told us, "training is ongoing and we get refreshers, also [registered manager] tests me randomly". Staff described the registered manager as being their "mentor" and that the senior staff gave "good advice, as do the rest of the team". We saw staff training included health and safety, fire training, first aid, effective communication, mental health training, support planning and equality and diversity. We checked to see if staff received training to manage behaviour that might challenge the service and found that not all staff had, however we saw there was training planned for these staff in the near future.

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 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).

People living at St Christopher's House had the capacity to agree to their care and treatment therefore appropriately DoLS had not been applied on behalf of people. People's care plans were specific and people had signed they agreed to each area of their care and treatment. Staff were able to tell us how they gained people's consent before acting. One staff member told us "If it is in the support plan we will talk to them and show them that they have agreed to our support." They also said "however it's their choice at the end of the day". People's care plans outlined clearly what was required to support people to remain well. Staff told us if people were refusing an aspect of their care or treatment that was essential for their wellbeing the staff would contact the appropriate mental health professional to visit and work with them and the person to address the matter.

People were supported to eat a healthy diet and remain hydrated. People cooked one day a week and made a meal for everyone in the service. It was a meal of their choice and once discussed with their keyworker it became part that week's menu. People had varying levels of staff support to cook dependant on their support need. People went out on the day they were cooking with money from the service to buy the ingredients. One person told us "It was my first time making a pie, I enjoyed doing it". On Sundays staff assisted people to cook a roast dinner. We saw the menu was varied for example sweet and sour pork with rice and vegetables, salmon with pasta, diced beef stew & dumplings. People made their own breakfast and there was fruit available. There was a choice of drinks in the service. People also went out to buy their own snacks and soft drinks. Staff advised people to eat a healthy diet and supported people by reminding them what snack choices were healthy and not to over indulge in buying foods that were high in sugar content.

The service was a three story house in a residential road close to local amenities. There was a comfortable communal lounge area that had recently been refurbished and a communal kitchen dining area. One bedroom was on the ground floor and there were shower facilities on the ground floor so this room although not purpose built could be used by someone who did not use stairs. The other bedrooms were accessible by stairs and there was a bannister rail to ensure people's safety. There was an accessible garden used by people to sit outside and a sheltered garden area used by people who smoked.

Good

Is the service caring?

Our findings

Staff built positive working relationships with people by talking with and encouraging people to achieve their goals. One person told us, "They help me, anything I want they always help me" and "Staff respect me". People told us they could speak to all staff and the registered manager. Each person had a keyworker and people told us they would go to them first if they had a concern, "I would tell [keyworker], I mostly speak with them".

People told us they liked living at the service and found the home comfortable and liked their bedrooms. "I am happy with my room and everything. We have new sofas, carpet and TV. It looks nice". The registered manager and director had overseen the refurbishment of the communal areas and office since our last inspection. As such we found the service felt warm and homely, for example the office was well organised and functional but also welcoming, the service cat and visiting dog were often asleep in there. People told us they liked having the cat and dog in the service.

We saw staff addressed people in a respectful, friendly manner and people confirmed that staff knocked and waited to be asked in before entering their bedroom, "Staff knock and I have a key for my bedroom and front door". This gave people privacy and ensured their dignity.

People told us "Yes" they were involved in their care plans "Yes [keyworker] goes through it and I sign it". We saw there were weekly one to one meetings where people had the opportunity to spend time with their keyworker to go through their care plans aims and goals, to plan activities and discuss concerns. People's response was recorded on each section of their care plan for example where staff safety checks were required, "I am okay with this".

People's care plans contained their history and detailed their place of birth, ethnicity and where applicable their religion. Care plans described what was important to the person for example their likes and dislikes. This included that one person's favourite colour was pink and named their favourite TV programme, another person's dislikes were food orientated such as spicy foods. Aims and goals were specific to each person and reviewed on a regular basis. This ensured people could see their progress and people could tell us for example they aimed to move on in the future to more independent living.

Staff had encouraged people to maintain contact with their family members and others with their friends. People's personal celebrations such as their birthday were supported by staff and festivals such as Christmas and Easter were observed and celebrated in the service.

Good

Is the service responsive?

Our findings

People had personalised care plans that were specific to them. Care plans focussed on people's individual strengths such as "good sense of humour" and "selects shopping well" as well as the support they required. Staff told us "We are all working towards promoting independence, it is our main focus". The registered manager told us "Staff are told, you are hindering people's progress if you help when people don't need it… show them how to do something, don't do it for them".

One person told us "Staff helped me to get ready to move from here". Other people were proud when telling us of their achievements such as cooking independently. Some people volunteered at a local service and staff explained this was a good preparation for people to keep to agreed attendance times and to work in a supported manner. People who had a history of self-neglect required staff prompting for activities such as personal care. Care plans stated for example a shower would be prompted at a specific time each day as agreed with the person and the plan also stated what actions were needed should the agreed shower be refused for any number of days.

Staff described some people might be poorly motivated to undertake activities and told us "We encourage, suggest and recommend activities". People undertook individual activities which were described in their care plans. For example, one person's plans talked about staff encouraging their art work and the person showed us lovely colourful drawings in their room that they had completed. Other people went to college, on personal shopping trips, visited friends throughout the week, played musical instruments, went to a horticultural session each week, played DVDs and watched the TV. There was a focus on encouraging people to go outside each day even if just into the garden or for a short walk for exercise and to lift people's mood. There were some house activities these included a planned visit to a local pub as a social activity for everyone.

People told us they felt able to complain and described how they could raise complaints and that complaints would be addressed "Yes they would come and listen." One person named the registered manager and the director as the staff they would approach with a concern. There was a complaints policy available and people were informed about how they could complain. An audit of the service in August 2016 showed that all people in the service knew how to raise a complaint. However there were no complaints recorded, we brought this to the attention of the registered manager who told us any concern raised by people was addressed immediately and resolved. The registered manager told us how a formal complaint would be addressed and recorded should one be made.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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. The registered manager was experienced and well thought of by people and staff.

A staff member told us, "It is fabulous working here, I just love it". Staff described the registered manager as "supportive", "approachable" and "phenomenally good at their job".

There were good lines of communication within the service. There was an 'open door' policy. We saw people came to the office to talk, there were regular residents meetings with the people living at the service and keyworker meetings. People's views were recorded in their care plans. We saw that there were meetings with staff where concerns and views were shared. There was a communication book to make staff aware of new information with regard to people for example changes of appointments or flagging a concern. The communication book was also used by the registered manager to check concerns were followed up and to remind staff of good practice. The registered manager told us "I make sure staff are as competent as possible in their job".

The registered manager and staff undertook a number of audits and spot checks to ensure the quality of the service given. For example we saw that the registered manager and director had undertaken a number of spot checks on a regular basis including at night to ensure staff were working appropriately. There was a CCTV camera for the communal areas, people had signed their consent for this, and the director could check the staff were working appropriately electronically when the registered manager was not present for example at night time and weekends.

Staff undertook health and safety checks that included bedrooms and communal areas. The senior staff member took responsibility for the medicines audit and checked medicine administration records were completed by staff accurately. A staff member supported the senior staff member and checked medicines stocks producing a monthly report. The senior staff member also took responsibility for ensuring supervision sessions took place, and that staff files, people's care records and reviews were up to date. Other staff took responsibility for areas such as fire safety and first aid equipment. Staff on duty undertook the weekly safety checks of fire alarms and equipment and recorded the check taking action when appropriate. Staff sent monthly reports to the registered manager who scrutinised the content and checked to ensure the report was accurate. Staff were asked to resubmit reports if information was missing or if information was incorrect. There had been an external visit from the commissioning body that the registered manager said had been supportive.

We saw written positive feedback from people's relatives and from health and social care professionals. We spoke with health and social care professionals who were positive about the service. They said that the

registered manager responded quickly to them and that both the registered manager and staff were well informed about people and their support needs. We saw that the service was working in partnership with health and social care professionals and the commissioning body.