Careline Lifestyles (UK) Ltd

St Stephen's Court

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 26 March and 12 April 2018. The first day of the inspection was unannounced. This meant the provider did not know we would be visiting.

St Stephen's Court is a residential care home providing accommodation and nursing care for up to 30 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 29 people living at the service.

The service was last inspected in December 2016 when we found one breach of the Health and Social Care Act 2008. This related to Good Governance. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation although further improvements were ongoing.

A registered manager was 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.

At the last inspection we found not all aspects of the service were safe. Our concerns related to safety of the premises, risk assessments and infection control. We also found that not all aspects of the service were well led.

The provider submitted an action plan after the last inspection explaining how they would become compliant. At this inspection we found improvements had been made and the service was now rated good. Individual risks to people were assessed and plans were in place to mitigate these. Visiting professionals were complimentary about the way the registered manager and staff managed risks. They told us security had also improved. Systems for auditing the quality and safety of the service had improved and the registered manager and deputy had a good overview of the service.

Medicines were managed safely and there were suitable procedures in place for the ordering receipt storage and administration of medicines. We found one treatment room was dusty on the first day of the inspection and this was clean and well ordered by the second day. The registered manager told us she would add this to their list of routine checks. The rest of the home was clean and tidy. A small number of rooms had some malodour but this was addressed during the inspection.

Routine safety checks were carried out on the safety of the premises and equipment. This included fire safety checks. The premises were generally clean and tidy and were safe at the time of the inspection although staff reported some delays with repairs. We have made a recommendation about this.

We observed and visiting professionals told us there were suitable numbers of staff on duty. We observed

people being cared for at their own pace.

Suitable procedures were in place for the recruitment of staff. Appropriate checks on the suitability of staff to work with vulnerable people were carried out.

People were supported to have maximum 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.

The service demonstrated a good understanding of the Mental Capacity Act (2005) and documentation related to this was well maintained. Where people lacked capacity, decisions made in the best interests were appropriately recorded and kept under review.

People's nutritional needs were met and their nutritional status was monitored and appropriate action taken when necessary. Some people said the menu could be repetitive which we fed back to the provider.

People had access to a variety of health professionals. They told us staff cared well for people, they were contacted for advice in a timely manner and their advice was followed by staff. People were also supported where appropriate to make healthy lifestyle choices.

Staff received regular training, supervision and appraisal. Training considered mandatory by the provider was 100% up to date. Staff told us they felt well supported.

We observed numerous kind and caring interactions between people and staff during the inspection. Professional boundaries were maintained yet staff demonstrated compassion and genuine care for people which we saw was reciprocated by people. People were interested in the inspection process and were keen for the service to do well.

Information was provided to people in a variety of easy read formats and they were supported to communicate their needs and wishes. One person had passed away and the staff sensitively supported people in a celebration of their life and acknowledged the loss while respecting other people's preference to grieve privately or not to be involved.

Person centred care plans were in place. A new electronic system had been implemented since the last inspection. Care plans we reviewed were detailed and updated regularly. Staff were aware of the content of care plans which was important given the complex needs of some people.

A number of activities were available to people. We saw people taking part in games, one to one activities, baking and singing. A therapy pool and gym was available and trained therapists were employed to support with these activities. We received mixed feedback from people and staff about the range of activities available. Some people said there were insufficient activities outside of one to one time with staff. We have recommended that satisfaction with activities is kept under review in light of these comments.

A complaints procedure was in place. People were aware of how to raise a concern and told us they would always speak with the registered manager and trusted they would be listened to. Information about how to make complaints was displayed and available in different formats.

Audits related to the premises needed to be more robust as the provider had not picked up some of the issues we identified during the inspection. Staff said they felt well supported by the registered manager and a number of visiting professionals spoke highly of the registered manager and staff and about the way the

service was run.

Staff told us they would like the senior managers based at head office to be more visible in the service and did not have confidence they had a good understanding of their role and the complexity of the work they did. We have made a recommendation about this.

The provider notified us of incidents and events in line with legal requirements. They were open and transparent in their communication with the Care Quality Commission. Analysis of serious incidents and events involving people took place and the multidisciplinary team, led by the registered manager, reflected upon practice and ensured any lessons were learned and that staff were well supported.

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 and had improved to good.

Procedures to monitor the safety of the service had been improved since the last inspection. Minor issues with infection control were resolved during the inspection.

There were safe procedures in place for the management of medicines and medicine stock checks were correct.

Safeguarding policies and procedures were in place and staff were aware of how to report concerns of a safeguarding nature.

Safe recruitment procedures were followed and there were suitable numbers of staff on duty.

Is the service effective?

Good

The service was effective and had improved to good.

Improvements had been made to the environment and these were ongoing. Some routine repairs could take some time to complete but urgent repairs were observed to be carried out promptly.

The provider was operating within the principles of the Mental Capacity Act (MCA) and visiting professionals were complimentary about the provider's capacity assessments and associated documentation.

People were supported with eating and drinking and specialist diets were catered for. Some people felt meals could be repetitive.

The health needs of people were met. They had access to a variety of health professionals and staff supported people to make healthy lifestyle changes when they wished to do so.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

A number of improvements had been made to audits and monitoring of the quality and safety of the service but some further improvement was needed.

People, staff and visiting professionals spoke highly of the registered manager and the way the service was run.

Staff told us they would like senior managers from head office to spend more time in the service and to be more visible.

St Stephen's Court

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.

The inspection took place on 26 March and 12 April 2018. The first day of the inspection was unannounced. This meant the provider did not know we would be visiting.

The inspection was carried out by one adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority contracts and safeguarding teams. We used the information they provided when planning this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people that used the service and 15 staff including the registered manager, a deputy manager, two nurses, an occupational therapy assistant, a therapy lead, five care staff, a cook, a maintenance staff member, a health and safety manager and a director.

We also spoke with visiting professionals including a clinical psychologist, a nurse, a community psychiatric nurse and a care manager.

We read three staff files and five care plans. We also reviewed a variety of records related to the quality and safety of the service.

Good

Is the service safe?

Our findings

People told us they felt the service was safe. One person said, "The staff make me feel safe because they look after me and help me. They make sure no one is horrible to me." Another person said, "The staff are always asking if I'm ok and if anything is bothering me. Sometimes some of the other service users can be noisy and argumentative. The staff know this makes me anxious and quickly deal with this to make me feel safe."

At the last inspection we found the provider had failed to assess and improve the quality and safety of the premises. At this inspection we found the premises were safe and some improvements had been made to the environment although this was ongoing. The provider was no longer in breach of Regulation 12. Safe Care and Treatment.

At the last inspection we found fridges were not suitably cleaned and contained out of date items. At this inspection we found fridges to be clean and tidy. The remainder of the home was clean, except a treatment room on the first day of the inspection which we found to be dusty. This had been addressed by the second day of the inspection and the registered manager told us they would add checks of treatment rooms to their routine environmental audits.

Medicines were managed safely. People told us they were supported to take their medicines. One person told us, "If I say I don't want to take it they will say ok but then explain to me what may happen or how unwell I will be if I miss my medication." This meant staff respected people's choices and explained the risks to them.

Procedures were in place for the ordering, receipt, storage and administration of medicines. An electronic system for administering medicines was in place. We spoke with a nurse who told us. "I am used to the system but you have to have a healthy respect for it and check things as you would normally." This meant they were aware the system was not infallible and they needed to remain vigilant and avoid becoming complacent. We checked the stock levels of a controlled drug (CD). CDs are medicines that are liable to misuse so subject to stricter controls. We found the correct amount in stock.

We checked infection control procedures in the home. A small number of rooms were malodorous. Action was taken by the second day of the inspection to address this. Staff received training in infection control and there were ample supplies of personal protective equipment such as gloves and aprons.

There were suitable numbers of staff on duty. People and visiting professionals told us there was ample staff on duty and we observed there were numerous staff visible and present during the inspection. A number of people received one to one support and other people received care which was relaxed and unhurried.
We checked staff recruitment files and found there were safe processes in place for the recruitment of staff. This included obtaining references and checks carried out by the Disclosure and Barring Service (DBS). The DBS checks on the suitability of staff to work with people helping employers to make safer recruitment decisions.

Policies and procedures were in place for the safeguarding of adults and staff were aware of what to do in the event of concerns of a safeguarding nature. Notices about safeguarding were also displayed in the home. The service was praised by visiting professionals who told us the registered manager and staff responded well to risk and took the concerns of people using the service seriously. A safeguarding log was maintained and safeguarding issues were notified to CQC in line with legal requirements.

One visiting professional told us, "They have improved security and developed and number of individual strategies to keep people safe. They adapt and respond to risk well and I think they have the most complex client mix in the city."

Individual risks to people were assessed. These included risks to physical health or specific risks related to smoking, alcohol consumption, and vulnerability. These were up to date and regularly reviewed.

We observed staff supporting people to stay safe. Some people using the service could display behavioural disturbance or distress at times for a variety of reasons. They needed to be in an environment that could support them with their specific needs. We saw that staff knew people well and recognised signs that people were becoming anxious or frustrated. They intervened and managed to avoid untoward incidents from occurring.

Staff were trained in positive behaviour support techniques. It was not always possible to prevent or anticipate all risks, due to the complex needs of some people. Where an incident of a serious nature occurred, a post incident meeting was held which included an analysis and a review of what had happened. This meant the provider was taking steps to monitor and reflect on their intervention with a view to learning lessons or acknowledging a job well done and supporting staff by way of a debrief. This was good practice.

Staff told us they felt safe working in what could be an unpredictable environment. They were well supported by the registered manager and deputy, and also supported each other. One staff member told us, "We may be working with someone one to one who is having a particularly hard day. If we need a break we take over from each other. We work well as a team."

Checks on the safety of the premises were carried out including fire safety checks and fire drills.

Good

Is the service effective?

Our findings

There had been a number of environmental improvements since the last inspection. Prior to and during this inspection, a number of areas in the home were redecorated which improved the overall appearance of the service. Staff told us that there was often a delay in repairs and routine maintenance tasks and they found this frustrating. They said they felt delays were due to the authorisation process with head office.

We observed an urgent repair being carried out on the first day of the inspection following an incident the previous night. The repair was in progress when we arrived. Staff advised that although some repairs may be less urgent, a swift repair would make their job easier which they felt was not always recognised, especially as they worked in a busy fast paced environment.

We recommend the procedures for the authorisation and action of repairs are reviewed with a view to ensuring timescales for repairs are satisfactory.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the service was working within the principles of the MCA, and conditions on authorisations to deprive a person of their liberty were being met.
We received positive feedback about the application of the MCA from visiting professionals. Two professionals told us the registered manager was very competent in their understanding and application of the Act, and was a passionate advocate for people using services. One professional told us, "They are well versed in DoLS and keeping on top of the legal side of things; they are very good."

A number of people arrived at the service where previous decisions had been made in their best interests as they had been deemed to lack capacity. The registered manager had challenged some decisions and reversed these when they felt they were no longer accurate. Another professional told us, "The manager doesn't take things [about capacity] at face value. They carry out their own assessment." The service was aware of the complexity of fluctuating capacity.

Care plans we read related to capacity were individualised and detailed. One plan recommended thoroughly testing whether the person had understood and was able to weigh up information because on the surface they could appear to be able to, but this wasn't always the case. We also read a comment which stated, "One assessment does not mean [name] is deemed incapable of making all decisions." This was a

reminder that assessment of capacity should relate to specific areas.

People were supported with eating and drinking. Nutritional assessments were in place and the Malnutrition Universal Screening Tool [MUST] was in use. MUST helps staff to identify people who are at risk of malnutrition including being over or underweight. Care plans we checked for people at risk of weight loss showed they had been referred for specialist advice and records showed steady weight gain.

Some people using the service received nutrition via Percutaneous Endoscopic Gastrostomy (PEG). PEG is a form of specialist feeding where a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. We found staff had been trained and were competent to support people with their nutrition in this way and individual care plans were in place which included the timings of meals and fluids.

A four week menu cycle was in place. People we spoke with told us they enjoyed the food. One person said, "The food is okay but there's just not much choice and it doesn't change much." They said there was a lot of starchy and fried foods. People told us they had a daily food budget they could use to purchase alternative food and one person told us, "I'm able to use my food budget to go and buy healthy things to eat like salad or wholemeal bread and I can keep it in the fridge in the activity room." Staff expressed the same concerns and felt people should have access to more choice. We spoke with the cook who told us it could be difficult to cater to everyone's taste due to the mix of people including their age range. They had found younger people enjoyed more convenience foods which tended to be more expensive so it could be difficult to manage the budget.

We recommend that due to the mixed feedback we received about meals that satisfaction with meals is kept under review.

Staff received regular training. At the last inspection we made a recommendation that staff received training in the use of the hydrotherapy pool. This had been carried out. The registered manager was monitoring the training closely and compliance with mandatory training was at 99.2% during the inspection. Mandatory training is training the provider deems necessary for staff to be able to carry out their roles safely. Soon after our inspection the registered manager informed us they had reached 100% compliance.

We spoke with staff about training and they confirmed they received the training necessary to do their jobs. Specialist training relevant to the needs of people was available, for example via British Institute of Learning Disabilities [BILD]. Staff also received regular supervision and appraisal and told us they felt well supported. Qualified nursing staff were aware of the requirement to maintain their nurse registration via a process called Revalidation.

The health needs of people were promoted and supported. We saw evidence that people had access to a range of health professionals to support them with their physical and psychological needs. People were also offered support to maintain healthier lifestyles. For example, some people were offered support with smoking cessation or reducing alcohol consumption. A healthy eating club had been attempted although no one had attended, it demonstrated people were offered opportunities and it was their choice whether to take part.

Good

Is the service caring?

Our findings

People and visiting professionals told us people were well cared for and staff were caring. One person told us, "I like it here. The staff are nice and kind." Another person told us, "The staff are very kind. Especially [key worker] they are nice and really care. They all do." A visiting professional told us, "They [staff] are so good at supporting people in distress. It is my first choice in an emergency. They have a really good staff team here."

People told us their dignity was respected. One person told us, "They [staff] always knock when they come to my room. They always ask if they would like to help me with something like putting my clothes away or tidying my room." We observed this to be the case during the inspection.

We observed numerous examples of kind and caring interactions between staff and people. We observed a person pulling a nurse towards them and hugging them while they supported them with medicine. The nurse managed to continue to give the medicine while returning the hug.

The rapport between people and staff was good. There were times when people became angry or frustrated due to their condition or circumstances, and this could result in behaviour disturbance or conflict. We observed that where such episodes had taken place, people were reassured they were still welcome and cared about by staff. One staff member told us, "We let them [people] know they are not in trouble and we haven't given up on them."

One staff member told us they were happy that day because someone had moved on to another home which was a goal they had been working towards. The staff member told us, "I am really happy for them but the day is tinged with sadness because we'll miss them." One person that had left the service returned to visit people. They sat with staff and the registered manager and disclosed they had some concerns about their new accommodation. The registered manager immediately reported this to their care manager and offered them advice and support.

A number of people received one to one support due to the complexity of their needs. We saw staff were attentive and skilful in anticipating people's needs and interpreting communication. People used various ways to communicate with people. Some were completely non-verbal and heavily reliant on gestures and body language. It was clear staff knew people well.

Easy read information was available including National Institute for Health and Care Excellence [NICE] guidance which was available in easy read format. The last inspection report was displayed page by page on a notice board so people could read it more easily.

The privacy and dignity of people was maintained. Staff supported people sensitively and discreetly with their care needs. Curtains attached to Velcro around the window frame was in use in one bedroom where a curtain rail might pose a risk which meant privacy could still be maintained.

People were supported to maintain personal relationships. Staff were aware of the potential for people to

be influenced by changes in their relationships with others. For example, if a relationship ended, staff observed for any dip in people's mood and considered the extra support they might need.

One person died just before our inspection and other people living in the home were invited to be involved in a celebration of their life where their favourite music was played. They were able to write messages to the person. The registered manager said they felt it was important to mark and acknowledge their death in a positive way but recognised not everyone would want to be involved which was always respected.

People were supported to be as independent as possible. They were included and involved in aspects of running the service such as helping with staff interviews. One person from the top floor unit which supported people with autism suggested a name change to the unit. It was now called the "Au-some" Unit and staff had supported this and new signs were professionally printed and we saw these being put on the wall with the person.

There was no one using the services of an advocate at the time of the inspection but staff were aware of how to arrange this for people if necessary. An advocate supports people to make and communicate their wishes and feelings.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. Comments included, "I can do what I want and go out regularly" and, "You don't have to wait long and they do things quickly for you." Another person was prompted by staff to tell us how much they had "come on" with supporting themselves since they moved into the home. They told us, "Yes, I do loads more for myself now. I want to get my own apartment."

Visiting professionals were complimentary about the responsiveness of the service. One nurse told us, "They respond really well. I know there are qualified nurses so I can take a step back and know they will respond appropriately. The registered manager is very quick to contact us if necessary and staff are approachable, ask appropriate questions and update us."

Person Centred Care plans were in place which meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. Care plans were up to date and reviewed on a regular basis.

A new system of electronic care plans had been introduced. This helped to ensure records were up to date and any assessments of care needs and reviews of care plans takes place in a timely manner. Prompts and alerts were set up on the system so staff were aware of when information needed to be updated. Staff told us they were getting used to and were more confident with the system.

A "recovery star" model of care was in place. This is commonly used in mental health settings and is an outcomes measure that enables people using the service to measure their own recovery progress against a set of jointly agreed goals. One person was happy to share their recovery star with us and was pleased to be able to see their recovery visually represented on the chart. They discussed this with staff and we could see how proud they were of their achievements which staff also reiterated.

We spoke with a nurse about goal setting and they told us goals could be quite complex tasks or in the case of one person with very limited communication, more simple. For example, for one person, they wanted to create the right circumstances to make the person smile more.

Some people told us they weren't involved in reviews of their care. We spoke with staff about this who told us everyone was offered the opportunity and encouraged to be involved in reviews but the level of engagement with this varied between individual people.

Some people using the service had very specific care plans designed to support them. When we spoke with staff about how they met people's needs they were able to explain to us and were aware of the contents of care plans. One staff member told us, "We always read care plans before we start working with people." This meant staff followed the plans in place to ensure care was delivered safely.

People told us the routines in the home were flexible and relaxed and fitted people's individual needs. One person told us, "I go to bed at 10pm but sometimes I stay up late and watch the TV. Some of the others will

stay up late but this doesn't bother the staff. They let you choose what you want to do."

We had mixed feedback about the activities available to people. Some people and staff told us there could be more activities taking place outside of one to one time with staff. During our inspection we saw a list of activities displayed and the service also employed therapy staff to support with gym and therapy pool sessions. A number of people had built garden furniture in the better weather and sold these. We saw an article in the newspaper about this and the people concerned were very proud of their work and told us about it. Profits were used for further activities.

People were also helping with jobs around the home which they told us they wanted to do and enjoyed this. We observed people taking part in one to one activities, cooking, karaoke, playing games and going shopping. Staff were observed supporting individual people with their social needs. Staff helped one person print pictures for them to use as an activity and another staff member was helping a person to choose items for their newly decorated room.

Due to the comments received we recommend the availability of activities is kept under review.

A complaints procedure was in place. This was clearly displayed throughout the home and we saw evidence that people were supported to raise any concerns during routine reviews. People knew how to complain but told us they would just go to see the manager if they had any problems. One person told us, "[Manager] is really good. You can make a complaint to her and she takes it serious and will sort it out. There's even times when I've not been happy and she's told me to make a complaint."

Information was available to people in a variety of formats including easy read materials. NICE [National Institute for Health and Care Excellence] guidelines were available in Easy read format which explained to people how they should receive their care.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found issues with the governance of the service. This was in relation to the effectiveness of audits, awareness of health and safety issues and there was a perceived disconnect between the head office and the service.

At this inspection we found a number of improvements had been made and the service was no longer in breach of regulations, however some improvements were still required.

Staff still told us the senior management team based at head office felt remote from the service. Comments included, "I don't think they know what we do or how specialist and complex it is to work here" and, "I would like them to be more visible and spend time in the home."

We recommend that the senior management team reflects on feedback received and considers ways to engage more closely with staff and people using the service.

Audits had improved overall since the last inspection and the registered manager and deputy had a good overview of the service. We found, however, that although environmental audits were carried out they did not pick up some of the issues we identified during the inspection and therefore needed to be more robust. We spoke with the registered manager about this who told us they would review the environmental audit and clarify responsibilities regarding routine cleaning and maintenance. We also gave feedback about the frustrations of staff with regards to the approval of repairs.

We spoke with the Director of Operations who told us they were in the process of restructuring and streamlining the management team as they recognised there was some duplication which could add to delays.

A registered manager was in post and was well supported by a deputy manager who had been appointed since the last inspection. People and visiting professionals were very complimentary about the skills of the registered manager and the running of the service. Staff and people told us the registered manager and deputy were approachable and helpful. One person told us, "The boss lady is good. She always listens to you."

Staff meetings were held where staff had an opportunity to share their views. Some staff told us these weren't always well attended especially if staff had to come into work in their own time. All staff told us they could speak with the registered manager at any time and there was an "open door policy."

Systems were in place to gather the view of visitors and people using the service. People were supported to share their views and easy read formats were available to support people with communication difficulties.

Notifications of events that the provider is legally obliged to notify the Commission of were completed appropriately with transparency and detail. This meant there was evidence of reflection upon each incident

and whether any lessons could have been learned in an open and honest way.

There were links with the local community including demonstrating woodwork skills and selling garden furniture.