

Care UK Community Partnerships Ltd

St Vincents House

Inspection report

49 Queen Caroline Street
London
W6 9QH

Tel: 02086000510

Website: www.stvincentshousehammersmith.co.uk

Date of inspection visit:
27 June 2017

Date of publication:
25 July 2017

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●

Summary of findings

Overall summary

The Care Quality Commission received information of concern from an anonymous whistleblower that alleged people using the service were got out of bed by night duty staff early in the morning, against their wishes and not in line with any identifiable and valid reasons to protect and promote their safety, health and wellbeing. The anonymous information alleged that people were got up from 5.30am onwards and provided with personal care, in order to minimise the level of care and support that staff would need to provide during the day shift.

This report only covers our findings in relation to this area. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Vincents House on our website at www.cqc.org.uk.

St Vincents House is a 92 bedded care home for older people. The service comprises four separate units and provides care and accommodation for older people with general health care needs and older people living with dementia. Accommodation is located over three storeys and the building has a passenger lift.

There was a registered manager at the service. 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 present for part of the inspection.

We arrived at the service at 6.20am and did not find any evidence to indicate that there was a planned approach in place for getting people up at an unacceptably early hour. The vast majority of people were asleep in their beds and the small number of people who were sitting in their armchairs within their bedrooms confirmed that this was in accordance with their own wishes. People who were out of bed told us they were comfortable, had been offered the support they needed and had been provided with fluids.

The staff on duty consisted of health care assistants and registered nurses. The staff team told us they did not routinely get people out of bed early and demonstrated that they were aware of people's individual sleep routines and their preferred times to get up. We spent time on each of the three floors and did not find any evidence to suggest that staff proposed to get up more people, for example trolleys with fresh linen or hot drinks had not been prepared. The communal lighting was still subdued and staff conducted themselves in a quiet manner so that people who wished to continue sleeping were not unnecessarily disturbed.

The service is rated as Requires Improvement. We will review the rating at our next comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People received safe care and support from staff who took into account their wishes and needs. They were not placed at risk of neglect and abuse through practices that intentionally disregarded individual choices for night time and getting up in the morning preferred routines.

There were sufficient staff deployed to meet people's needs in a kind and unhurried manner.

Safe was rated as Requires Improvement following the comprehensive inspection conducted on 26, 27 and 30 October, and 3 November 2016. The service demonstrated improvements at the focussed inspection on 6 and 14 March 2017. However, we could not improve the rating for Safe from Requires Improvement because to do so requires consistent good practice over time. We will check during our next planned inspection.

Requires Improvement ●

St Vincents 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. We undertook an unannounced focussed inspection of St Vincents House on 27 June 2017 in order to investigate an anonymously received whistleblowing concern about the service. We had received information that alleged people were being woken up in the early hours of the morning, got up from bed and given their morning personal care, against their wishes.

We inspected the service against one of the five questions we ask about services: Is the service safe? The inspection was undertaken by two adult social care inspectors. During our inspection we spoke with six people who use the service, three registered nurses, three care assistants and the registered manager. We did not check any records as people were able to confirm they were being provided with care and support that met their identified needs and wishes.

Following our visit to the service, we informed the local safeguarding and local council contracts monitoring team.

Is the service safe?

Our findings

In response to a concern that people were being got out of bed in the morning against their wishes and given their daily personal care, we visited the service at 6.20 am. We were concerned that people's needs and wishes were not being understood and protected. Upon arrival we observed that there was a peaceful and calm ambience within the service, as most people were asleep in their bedrooms. The lighting in the communal areas was gentle and staff worked in a quiet manner to support people who had chosen to get up.

We met the six people at the premises who were awake and out of bed. They confirmed that it was their choice for varying reasons. One person told us they liked to be assisted out of bed at 6am as they felt alert and sitting in an armchair was a more comfortable option during waking hours. Another person was in the process of receiving personal care, which included a bed bath and assistance with a shave. We ascertained that this was a positive decision which met their individual requirements for the day. We saw that people were given a cold drink and prior to eight o'clock we observed that a few people had chosen to have tea or coffee in the communal dining room.

The staff team on duty during our inspection visit expressed their surprise at the idea that people could be subjected to an early morning routine that was disruptive to their sleep, wellbeing and safety, and not in line with their needs and wishes. Staff told us that the registered manager had spoken with them about the need to protect people from unacceptable institutional practices, which meant people continued to sleep or rest in bed until the arrival of the day staff unless there were clear and valid reasons to get up earlier. Discussions with the night staff showed they knew people well in terms of their nocturnal routines. For example we met one person who had varying patterns of sleeping due to their cognitive impairment, which meant that night staff provided responsive care and support based on the person's fluctuating needs. We spoke with the person and they were clear that they were pleased with their care and support.

The registered manager arrived after 7am, although staff advised us that he sometimes arrived earlier. He carried out a visual check and walkabout on all of the units, which night staff were accustomed to. We were informed by the registered manager that he had addressed concerns in the past in relation to people not being provided with individual care that reflected their needs and wishes, and he continued to monitor people's care through unannounced spot checks. These spot check reports were looked at during the last inspection in March 2017.