

Cumbria County Council

Christian Head

Inspection report

Silver Street
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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

About the service

Christian Head is a residential care home that provides personal care and accommodation for up to 31 people. At the time of our inspection there were 18 people living at the home. Accommodation is provided over two floors, one of which specialises in providing care for people living with dementia

People's experience of using this service and what we found

People were cared for by staff who had received training on safeguarding to keep people safe from avoidable harm. Sufficient staff were available to meet their needs and people told us when they needed assistance staff responded promptly. People received their medicines as prescribed and systems were in place for the safe management and supply of medicines. Incidents and accidents were recorded. The premises were clean and hygienic and staff followed infection control and prevention procedures.

People were supported to live healthy lives, had access to professionals as they needed and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care and treatments. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were positive about the service and the care provided. People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming towards the people they cared for and promoted their independence and personal dignity.

Staff responded to people's individual needs and wishes and had a good knowledge about each person. People were supported at the end of their life to be comfortable and free from distressing symptoms and pain. People could pursue their own interests inside and outside the home and had access to activities and entertainment they enjoyed. Systems were in place to deal with any complaints raised about the service.

The registered manager displayed knowledge and understanding around the importance of openness and working closely with other agencies and healthcare professionals to make sure people had good care. People who used the service and staff said the registered manager was available and approachable and their views were sought to improve aspects of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Christian Head

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who has used this type of service.

Service and service type

Christian Head is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our planning considered information we held about the service. This included information about incidents the provider must notify us about, such as abuse allegations. We looked at records of complaints and how the service responded to them. We sought feedback from professionals who worked with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

We used all this information to plan our inspection.

During the inspection

We spent time in each unit and in communal and dining areas speaking with people and observing their daily activities and staff interactions. We reviewed records relevant to the running and quality monitoring of the service and the recruitment records for staff employed since the last inspection. We looked at staff training and supervision records.

We looked at a sample of care plans and four in detail and a selection of records including, medication administration, quality monitoring records, complaints and the training and recruitment records for staff. We also checked the building to ensure it was clean, hygienic and a safe place for people to live. We spent time in each unit and in communal and dining areas speaking with people and observing their daily activities and staff interactions

We spoke with eight people who lived at Christian Head, three visiting relatives and a visiting health care professional. We spoke with the registered manager, who was present throughout the inspection, the supervisor and three members of care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found including training data and quality assurance records. We obtained further feedback following the visit from professionals and external agencies who regularly came in to contact with the service who were not available during the inspection. They contacted us by email after the visit to give us their experiences of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and policies and procedures in line with local authority guidance to protect people from harm and abuse.
- Staff knew how to recognise and report abuse to help protect people and had received safeguarding training relevant to their roles. Staff we spoke with were confident the registered manager would act quickly to keep people safe if they reported any concerns.
- People told us they felt safe living at Christian Head and commented, "I feel safe, everyone is friendly" and "I am pretty safe, if anything happens I just press my buzzer and staff will turn up."

Assessing risk, safety monitoring and management

- The provider had systems to identify risks and protect people from avoidable harm. Staff completed and reviewed risk assessments to identify foreseeable risks to people's health, welfare and safety.
- Risk assessments included, people's medicines, any dietary, nutritional or swallowing risks, falls, mobility and any risks in the home environment. Everyone had an individual personal emergency evacuation plan to show how they should be helped from the building in the case of an evacuation being necessary.
- Accidents and incidents were recorded by the manager and the information passed to the provider for their analysis. The registered manager did not monitor for themes on site themselves.
- Records showed that systems and equipment had been serviced in accordance with manufacturers' recommendations. A range of internal checks were conducted to ensure they were fit for use.

Staffing and recruitment

- The provider had policies and procedures in place to support safe recruitment.
- Some documents to evidence relevant pre-employment checks were not immediately available within the home for inspection. The registered manager was able to make the information available following the day of the visit to evidence these had been done.
- The registered manager made sure sufficient numbers of appropriately trained staff were on duty throughout the day and night to make sure people received the support they required. People told us there were staff available when they needed them. One commented, "Enough staff, oh yeah, they are all about. You just have to press a button and they are here in minutes."

Using medicines safely

- Medicines management was safe and relevant staff had undertaken training in medicines administration.
- Arrangements were in place for the checking in, return and safe disposal of medicines and excess stock was kept to a minimum. Quantities of medicines were being carried forward for stock monitoring.

- We looked at the handling of medicines liable to misuse, called controlled drugs, and found these to be safely managed and stored correctly.
- Regular checks and audits took place of the medicines system to make sure it continued to be managed in a safe way. A relative told us, "The girls know [relative] so well and [relative] always gets their medication on time."

Preventing and controlling infection

- The provider had policies and procedural guidance for staff to protect people from the risk of infection.
- The staff were trained in preventing cross infection and in food hygiene. We observed staff using personal, protective clothing and equipment correctly.

Learning lessons when things go wrong

- The provider had internal systems to identify when things went wrong and when lessons needed to be learned. For example, following an incident with medication administration, increased risk assessments and checks were put in place to prevent the incident happening again.
- The provider had a system to record incidents and accidents and staff knew how to report these and told us they received feedback about any changes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When necessary applications for DoLS authorisations had been made and incorporated into care plans. We noted for one person relevant information for the use of a bed sensor had not been included in an application. We told the registered manager who addressed the oversight during the inspection.
- We saw evidence of MCA assessments taking place and when a person lacked capacity to make a decision, best interest's decision-making processes were followed. Relevant family, representatives and professionals were involved in this process.
- Staff had received training in MCA and we observed they sought verbal consent for all interventions during the day to allow people the choice in their daily life.

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

- Senior staff assessed the needs of each person to help make sure they could meet their needs on admission.
- Care plans contained an assessment of people's needs and had been reviewed and updated when changes occurred so people's ongoing health and social care needs continued to be met. The assessment included people's physical, emotional, social and cultural needs.

Staff support: induction, training, skills and experience

- Staff were supported to develop and maintain the required skills to support people effectively and safely. Some staff had additional training to provide specific support for people. For example, some had done 'Team Teach' training to develop positive behaviour management strategies, emphasising de-escalation of

situations.

- Staff told us they had received induction when they started work, had regular supervision and ongoing training to be able to undertake their role. We looked at the training program for the organisation and saw training had either been completed or was arranged to be done so staff remained up to date.
- People who lived there and relatives made positive comments about staff skills and knowledge and told us, "They are very well trained, they always explain what they are going to do" and "Yes, they are well trained, they do everything needed for [relative]."

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

- Staff supported people to have a nutritious and varied diet in keeping with their health needs and cultural preferences.
- People told us the meals were good with plenty of choice. One person told us, "I was in hospital for most of the summer and lost a lot of weight but they are getting me back to normal here. The food is pretty good. You get two choices here, if I want something different, they will do it." Another person commented, "The desserts are to die for!"
- We received positive feedback from professionals about the monitoring and implementation of nutritional support plans. We were told, "Weights are checked regularly and nutritional plans are implemented immediately, with staff following up with the surgery regarding any supplement prescriptions required."

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

- The registered manager and staff worked collaboratively with other agencies and made referrals appropriately so people could access the healthcare and treatment they needed.
- Information about professional visits was in people's care plans, including the mental health team, speech and language therapists, chiropodists, specialist and district nurses and occupational therapists
- Feedback from healthcare professionals was positive. We were told, "All of the information that I require has always been readily available and well organised in folders" and "The staff are always well informed about each patient and have been happy to assist me."

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

- The staff and registered manager had created a safe and homely environment at Christian Head, where people were supported and encouraged to move about freely.
- There were appropriate signs around the home to support people living with dementia to locate different rooms and orientate themselves. People had their own personal items in their room so they were personal spaces where they could spend time if they wanted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw staff recognised and respected people's individual choices in their daily routines. Care plans contained information about people's preferred routines and wishes.
- Relatives told us they were kept updated about significant events affecting their relatives and people told us they felt they were listened to by staff. We were told, "They listen to me and get to know my ways, what I like and what I don't like" and "They chat and get to know me."
- Where necessary, independent advocacy could be arranged for those who needed assistance expressing their wishes. An advocate is a person who is independent of the home and who can support a person to share their views and wishes.

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

- We saw staff were kind and compassionate and had formed positive relationships with people and knew them well. Staff spoke to people politely and with patience, allowing them time to respond and people were clearly comfortable with the presence of staff members.
- All staff had completed training in person centred care and we observed people were treated very much as individuals. Protected characteristics were included in assessments. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability. For example, people were able to follow their religion of choice.
- People living there were very positive about the staff supporting them and we were told, "I love the staff, they are delightful" and "I would recommend here, the room is clean and the staff really care for people." Staff were tactile, holding hands, giving appropriate hugs and engaging in chatting and friendly banter.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's personal space and privacy.
- We saw staff using people's preferred names and waiting for permission to enter people's rooms. Doors to bedrooms and toilets were kept closed when people were receiving personal care.
- People told us staff respected their privacy and maintained their dignity. We were told, "They [staff] keep my dignity when I get washed and make sure that I don't fall" and "Everything is very private. They are very kind. They encourage me to do things for myself."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in developing care plans and making decisions about their care. Relatives confirmed this and one told us, "I am involved in [relative's] care planning with them and get regular updates every time I visit, virtually on a daily basis."
- Staff we spoke with understood people's needs well. Care plans had been reviewed regularly to help make sure information was kept up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff carried out assessments to support people's communication needs and the guidance on meeting them was in care plans. Some staff had done additional training on deafness and visual awareness to help them provide support.
- Different formats such as large print information was made available if needed. We saw large print puzzle books being used by people to be able to continue with that interest.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Care plans noted people's preferences, histories and their interests. We saw people taking part in activities that interested them, playing dominoes, doing puzzles, watching television and listening to the radio and music. Organised events were also provided including musical, gardening and craft sessions.
- We saw people were being supported to follow their own social activities in the local community. People went into town, to shop, have coffee, visit events, meet people and attend to personal affairs. There were regular multi-denominational religious services and people were supported to follow and maintain their personal beliefs and faiths.
- People told us they did not have to participate if they did not want to but were supported to when they wanted. Comments included, "I don't do many activities, I play dominoes, made some coasters and we planted pansies in the garden" and "What is really good is that they [staff] take me to the shops whenever I want to go. I'm getting an electric wheelchair; things will be even better then."
- The registered manager told us about plans to improve activities provision with a formal monthly plan for people to refer to. They were organising computer access for people to help them stay in touch.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy on display which gave timescales for how long it should take to address a complaint. Details were available of who to contact if people remained dissatisfied with the service.
- People and their relatives told us they knew how to make a complaint or raise concerns. The service kept copies of all complaints and had systems in place to track them and concerns through to completion. One person told us, "I have no complaints and have been to a meeting where we discussed how we could improve the menu, but its fine to me, I`m putting weight on."

End of life care and support

- People were supported at the end of their life to be comfortable and free from distressing symptoms and pain.
- The home worked with local GPs and district nurses to make sure appropriate care and treatment was provided as a person approached the end of life.
- We saw that people's treatment wishes, in consultation with their families, had been made clear in their care plans about what their end of life wishes were.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was accessible, consistent and led by example in promoting a positive culture in the home. They had a clear vision of the future development needs of the service and communicated this well to staff.
- People were positive about the leadership of their home. "It's quite pleasant here. I see more of [registered manager] than I ever saw any other manager and I've been here a long time. She has sorted the menu and even sorted my glasses recently, which isn't a problem to you but was a big problem to me, now it's no problem. I would recommend here."
- Relatives were positive about the changes the registered manager was introducing. We were told, "It's a happy home now, six months ago there was not enough staff, now it's okay. The manager would sort any problems, she is already putting her stamp on things."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management and staff understood the importance of reporting accidents and incidents and changes in people's mental and physical health to the appropriate professionals and agencies and of keeping families informed. This indicated that the principles behind a duty of candour were recognised within the service.
- The registered manager was open and transparent throughout our inspection and made clear this was the ethos of the home. Management and staff acted positively and promptly to all feedback provided during this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider used quality assurance systems to help ensure safety and quality monitoring and there were clear lines of responsibility and accountability.
- The registered manager kept herself up to date with current best practice and the latest developments in care for both older people and people who were living with dementia.
- The management and staff clearly understood their responsibilities and accountability for their actions. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed within the home.

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

characteristics; Working in partnership with others

- The service regularly sought the views and opinions of people, staff and relatives using surveys and meetings. The last quality surveys were ready for collation and were largely positive. Meeting minutes showed a range of topics were discussed and people were appreciative of recent service improvements, for example menu improvements and improved hot water supply.
- We saw the service was working and liaising with other health and social care agencies. The service had developed good working relationships, GPs, district nurses and community mental health teams. We received positive feedback on information sharing and timely referrals for support.
- Staff told us they felt valued, listened to and well supported to develop in their work and were able to attend regular meetings and discuss service issues.