Care Quality Commission

Bupa Care Homes (CFHCare) Limited

St Christophers Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Overall summary

This inspection took place on 12 November 2014 and was unannounced.

St Christopher's Nursing Home provides accommodation for up to 163 older people who require nursing care and may also have a physical disability or are living with dementia. The accommodation is arranged over five separate units each with its own management structure. We received varying feedback about many aspects of the service provision from the people who lived in the different units.

At our last inspection of the service in February 2014 we asked the provider to take action to make improvements to the care and welfare of people, how the service co-operates with other providers and how the quality of

Summary of findings

the service was monitored. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection we looked to see if these improvements had been made. Improvements had been made but they had not all been completed.

At the time of our inspection the home had a registered manager. 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.

CQC is required to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection appropriate applications had been made to the local authority in relation to DoLS.

We found that the service had been without regular hot water for the two weeks prior to this inspection. The boilers were repaired on the day of our visit. The manager had not undertaken the necessary risk assessments to ensure the safety and welfare of the people who used the service, visitors to the home and the staff team. The manager had not notified CQC about this event until prompted at this inspection.

People felt safe at the home. The registered manager made appropriate referrals to the local authority safeguarding team when needed. However, staff members working on two of the five units were not clear about recognising and reporting concerns about how people were cared for.

There were sufficient staff available to meet people's needs, however on the day of our inspection the impact of a lack of hot water meant that staff were delayed in meeting some people's needs. People received their medicines as prescribed and medicines were stored and administered safely. People and their relatives said that the care provided was appropriate to meet their needs.

People, their relatives and visiting professionals were positive about the staff in four out of the five units. We were told that they were kind, caring and compassionate. Our observations of staff and discussion with them supported their comments.

People and their relatives had a good relationship with the unit managers and staff team. However they said that they rarely saw the registered manager of the home, and did not feel they could approach them. People were not satisfied that their complaints were managed effectively and were not always aware of the systems reported to be in place to seek their views about the service.

At this inspection we found the service to be in breach of Regulation 10 of the Health and Social care Act 2008 (Regulated activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

Some staff members were not aware of concerns relating to people's care and support that they should report.

Risks to people's safety and welfare had not always been assessed placing staff and visitors to the home at risk.

However, medicines were managed appropriately and people told us they felt safe in the home.

Requires Improvement

Is the service effective?
The service was not always effective.

Some staff did not demonstrate an understanding of the Mental Capacity Act (MCA) 2005.

People's health, support and care needs had been met.

People's nutritional needs were met.

Requires Improvement

Is the service caring?
The service was not consistently caring.

Four of the five units in the home had a warm and inclusive atmosphere. However, in contrast one unit felt less supportive and less engaging.

People's personal and private information was not always stored securely to promote dignity and confidentiality.

The staff team knew the people who lived in the home well and were aware of their individual preferences.

Requires Improvement

Is the service responsive?
The service was not always responsive to people's needs.

People were not always provided with clear explanations of the investigations into their complaints or concerns.

There were not enough meaningful activities for people to participate in at the weekends; so some people felt isolated and disengaged.

Planned care was based on people's individual needs.

Requires Improvement

Is the service well-led?
The service was not well led.

People were put at risk because systems for monitoring quality and assessing risk were not effective.

Inadequate

Summary of findings

People and staff members had confidence in the individual unit managers at the home. However, the registered manager did not demonstrate visible leadership to provide assurance for people who use the service and their relatives and to support the staff team.

The organisational culture did not support staff to question practice and the systems in place to improve the experience for people who used the service were not always effective.

St Christophers Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 November 2014 and was unannounced.

The inspection team consisted of five inspectors, a specialist nursing advisor and an Expert by Experience, who had experience of older people's care services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included statutory notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law.

During the visit we spoke with 32 people who lived at the home, 12 relatives, 32 staff members, including nursing staff, care staff, housekeeping and kitchen staff, we also spoke with the registered manager. We received feedback from health and social care professionals who visit and monitor the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in communal areas and reviewed a range of records about people's care and how the home was managed. These included people's care plans, the training and induction records for staff members, medication records and the quality assurance audits that the registered manager completed.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said, "I'm as safe and secure as a nestling dormouse." Another person told us, "Yes I do feel very safe here. I am looked after very well indeed. If I had any concerns I would raise them with any of the staff or the manager." Relatives of people who used the service told us that they felt confident that people were safe.

Some staff members were able to describe what was meant by abuse and were confident in how to escalate any concerns they had. One staff member said, "I feel well trained in recognising signs of abuse and I would have no issue to report any concerns to my manager." However, this was not consistent throughout the service. Staff members on two of the five units were not clear about recognising and reporting concerns about abuse.

Staff told us that they had reported any incidents to us where appropriate. The records we hold about the service showed that the provider had told us about any incidents and had taken appropriate action to make sure people who used the service were protected.

Individual and organisational risks were not always identified and managed appropriately. We found that the service had experienced a boiler breakdown and there had been no hot water intermittently over a period of 10 days. Staff had managed the situation in the best way they could to support people. They told us, "We carry water from the urn to the bedrooms in big water jugs to give people a wash when needed as there is either very little or no hot water." There were no risk assessments in place to minimise the risks while transporting hot water around the home. The manager told us that they had reviewed the practise on a daily basis in the hope that the problems with the boiler would be resolved. The lack of appropriate assessments had placed people who used the service, staff and visitors to the home at risk from burns or scalds.

People who were at risk of developing pressure ulcers had these risk's identified and had been provided with pressure relieving equipment such as mattresses and cushions. However, not all care staff knew how to check if mattresses were on the correct setting or if they worked properly and relied on the nursing and maintenance staff for this. We checked the pressure mattresses for four people on one unit and found two were at the wrong setting for people's weights. Another person's mattress had been incorrectly set by maintenance staff following a repair. When the settings for pressure relieving equipment are not set at the correct level, people are at an increased risk of developing pressure ulcers.

Other individual risk assessments in relation to people's health and well-being were completed with sufficient detail to protect them from harm whilst promoting their independence. For example, we saw a person who was not able to use their call bell. This was risk assessed and staff frequently checked on the person's welfare.

During the course of the inspection we found that there were enough, suitably qualified staff to meet people's needs and to a good standard albeit not always in a timely manner. Whilst staff said they were always busy they also said they had time to care. A staff member said, "We are encouraged to spend time with our residents and this is a part of the job I love. It is not always possible though with competing priorities and needs." People's personal care needs were met although delayed in some cases.

People, their relatives and staff provided mixed feedback about the staffing levels at the home. Some people told us there were not enough staff available to provide appropriate support. One person told us, "Being in bed this time of day is annoying (11:30am), I would like to be up before nine. I've queried timings but was told that I was one of 30 and they have to slot me in as they can." Staff told us this was a direct result of the boiler problem and relatives told us, "Staff seem quite stretched the hot water problem hasn't helped." One staff member said, "We can't always answer [call] bells because there are not enough of us. The water situation has made it much, much worse."

We looked at the staffing numbers and the rotas and discussed staffing levels with the manager. We found that people's needs had been assessed to ensure that sufficient staff were available to meet their needs. We saw that staff were available to respond to people's needs when required and concluded that delays were solely due to the lack of hot water, which was rectified before the end of our inspection.

The provider had an effective recruitment procedure. Staff told us that they were required to provide references and appropriate pre-employment checks prior to starting work. We found that these had been carried out appropriately.

Requires Improvement

Is the service safe?

People received their medicines as prescribed and medicines were stored and administered safely. People had received a six monthly medical review of their medicines if changes had been recommended then the records had been updated to reflect these changes. We looked at the medicine records for five people and saw that they were an accurate record of the medicines prescribed and taken. The stock of these medicines reflected the records maintained. We observed the morning medicine round where we saw that people were not rushed to take their medicines. We saw that staff consistently asked how people were and explained the medicine they were being given. Staff confirmed people's consent in advance of supporting them to take their medicine.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found that the provider had not always ensured that people had access to other healthcare services to ensure their healthcare needs were met. At this inspection we found that improvements had been made and that the provider was meeting the requirements of this regulation.

People told us, and records confirmed that their health, support and care needs had been met. One person said, "I get to see a doctor if I need to, they come every Friday." We found that a wide range of appropriate health care professionals had been involved to ensure that people's needs were met. We saw that a doctor, district nurse, dietician and speech and language therapist had visited the service to advise the staff and support them with meeting people's needs. We noted all of this advice and information had been incorporated into people's care and risk management plans. This showed that people's care and support was regularly reviewed and changed as their health needs required.

Staff had received training in the Mental Capacity Act (MCA) 2005.However, not all staff were able to demonstrate an understanding. For example, we saw that two people had been assessed as having capacity to make decisions about their own care however; they had not been involved in the decision about their resuscitation if required. Staff had not recognised this omission and we brought this to the attention of the manager. We received mixed feedback from people about how consent was obtained. Some people told us that they were asked for their consent before being provided with care and support. However, some people told us they had not been involved or provided formal consent to their care. One staff member told us, "If someone lacks the capacity to make the choice, then we involve their relative." People's care plans did not always detail whether people had been consulted about their care and support.

The manager had an understanding of the MCA and appropriate applications had been made to the local authority where required. The provider had acted in accordance with the MCA in relation to DoLS by recognising where someone's liberty may have been restricted and making the appropriate assessments and applications to protect the person.

People told us that staff members were competent, and had the sufficient skills to provide care. One person said, "Some are better than others, but all are good, they get on with the job in hand and do it well." One relative said, "Since being here [relative] has got better and better and that's mainly to do with the quality of care." A social worker told us that they were satisfied with the progress a person had made since coming to live at the home. Staff said, "Our residents are at the centre of everything we do. We are not task orientated and we try to offer choice in everything we do."

Nursing staff demonstrated knowledge and understanding of people's health needs. Care staff were clear about people's personal care and support needs and took advice and guidance from nursing staff in relation to people's health needs. There were arrangements in place to ensure staff received the support and training necessary to meet people's needs. New staff members were required to complete an induction programme and were supervised until assessed as competent in practice. Staff told us that they felt well trained and supported to carry out their role. Staff supported people who demonstrated behaviours that challenge in a positive manner and used positive distraction techniques and compassion where needed.

People told us they liked the food choices available to them. One person said, "The food is very good with reasonable choices." Another person told us, "If you want to you can have a full English breakfast every day. I try to limit this to once or twice a week and have a more healthy option like a few poached eggs. We are spoilt really." People were supported to have their meals when they wished. For example, we saw a person eating their breakfast midway through the morning, a staff member told us, "It's their preference. Some like to get up and have it early, some like to have it in their rooms and then get up, others like a lie in with breakfast after." People were provided with appropriate levels of support to help them eat and drink where necessary.

People's nutritional needs were identified, monitored and managed to promote their health and well-being. One person had risk assessments and management plans in place to ensure they drank enough fluids. We saw staff gently encouraging the person to drink at frequent intervals throughout the day. Staff members were knowledgeable about people's dietary requirements and had access to up to date information and guidance. Staff told us that if they

Requires Improvement

Is the service effective?

identified a concern in relation to a person's food or fluid intake they would refer the person to a dietician or other appropriate healthcare professional. We saw from care records that this happened in practice. For example, we saw that one person had lost some weight over a period of time. The person had been referred to a nutritional specialist and their recommendations had been included in the person's care plan and specific advice was being followed by staff.

Requires Improvement

Is the service caring?

Our findings

People were complimentary about the care they received. One person told us, "The staff are sterling examples of compassion and care." Another person said, "Staff are really kind and good to us. I have met most of the staff and they are like angels, like friends. I would recommend it [the home]." Relatives told us they were confident that people were cared for well. One person said, "They just understand and deliver the highest level of personal care imaginable, we are very happy." Another relative told us, "The staff are truly wonderful, always kind and respectful."

On four of the five units we saw that staff interactions with people were attentive, kind, caring and compassionate. Staff ensured people received the care they required in a calm and unhurried manner. Staff talked to people about their daily life and showed an interest. For example, when one person was being assisted with their breakfast, the carer was heard to talk to them about the birthday they had the previous day, their family and the day's news. However, in one unit we found that staff were not as warm and engaging. Relatives told us that staff members on duty on this unit were not as attentive and did not spend time developing relationships with the people they cared for. The people in this unit were less able to communicate and we observed that staff gave them very little attention. A visitor told us, "[Person's name] calls out a lot when I'm there, she doesn't have family visit so who's looking out for her?"

People said that they were involved in planning their care and they were encouraged to make decisions about their care and support. One person said, "I am involved in all discussions relating to my care provision and I make all my own decisions with a little support." However, people told us that they were not aware that independent advocacy services may be available to them. There was no information available around the home about advocacy services for people to access. The staff told us that there was an advocacy service that they could access but had never needed to ask for the contact details.

Personal care was provided in a kind and patient way that maintained people's dignity and respect. Staff members acted sensitively when prompting people to use the toilet and screens were deployed outside the bathroom door when people were transferred from a wheelchair. However, we saw examples during the day where care staff entered people's rooms without knocking, asking permission or speaking to people.

People's personal and private information was not always stored securely to promote confidentiality. We saw some care records were left unattended on tables in communal areas and medical histories were stored in unlocked cupboards in the nurse's office situated near to the front door and main foyer. The office was unlocked throughout our visit which meant that anyone entering the home could access people's personal and private information. We raised this with the manager of the home who took immediate action to ensure records were locked away.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in February 2014 we were concerned that the provider was not planning or delivering care to meet people's needs. We asked the provider to send us an action plan to show how they would make the required improvements At this inspection we found that improvements had been made and care was delivered in a way to meet the needs of the people.

People told us, "They [staff] care and look after me really, really well." Relatives of people who used the service told us, "My [relative] gets looked after just fine and I have no complaints on that score." Records confirmed that people's care needs had been met and that care was planned around people's individual needs.

We looked at care records for 12 people who lived at the home. We saw that their care needs had been reviewed regularly to make sure they were up to date and gave staff accurate information about the support each person required. Each person had a detailed care plan which had information for staff about how to support the individual to meet their needs. We saw that people who lived in the home had been included in developing their care plans. One person said, "Yes I know I have a file in the office with everything listed that I need but I don't see it or want to really. The staff know what I need." The care plans included information about the person's life, likes and dislikes. This meant the staff had information about the whole person, not just their care needs. During the day our observations confirmed that the information contained within the care plans had been put into practice and people's needs were being met.

The PIR stated that all complaints were managed effectively. However, people told us that they felt they were not always communicated with or provided with information and an outcome. They told us that they had limited opportunities to provide feedback and were not aware of any meetings organised to seek their views. One person spoke about their concerns relating to the lack of hot water, they said "I went to see the manager and complained on behalf of the people here. They [manager] smiled politely and looked concerned but really they just fobbed me off." Another person told us that the food received was often different to that which they were expecting They said, "I have raised this but it's still happening." We found that complaints about the lack of hot water had not been responded to and people had not been kept updated with the progress of the repair.

People told us they were satisfied that their views directly relating to improving the service were acted upon at manager level within each unit. One person said, "I have raised issues about my windows not getting cleaned and I am listened to". The staff team were positive about how they listened to people. One staff member said, "The home has improved a lot. We're all working really hard. We've got good staff, they're dedicated. We respect people's wishes, update the family. Spend time with them and their family, asking what we can do better?"

During our inspection we noticed that a small number of people were not engaged in recreational activity. However, we saw that steps had been taken to meet the majority of people's individual recreational needs. Activity coordinators worked at the home Monday to Friday but not at weekends where people were not provided with any planned stimulation or engagement. Staff told us, "We are too busy to help with activities, that's down to the activity coordinator and they don't work at weekends."

People and their relatives gave us mixed views about the engagement and stimulation. One person said, "[I'm] bordering on being bored. There's not enough effort made to stimulate us." However others said that they liked walking, and were able to access the grounds and go for a walk. Another person said, "We have regular visitors and the activities are good. We have tea parties and fetes." In addition some people said they were involved with a variety of pastimes including exercise and dance sessions and an art club. They said that they were able to access local and visiting religious services and undertake trips to markets and local places of interest. Relatives told us, "There is enough for people to do if they want to join in."

We saw that people were also visited in their rooms to be offered, and encouraged, to participate in activities that were suitable for them. Where people were able to they were supported to leave the unit when they wished. For example, one person had asked to help staff and worked as a volunteer within the home They helped to delivered newspapers to the units, acted as a companion to people who had nobody to visit, wheeled the snack and drink trolleys and answered the front door of the unit to welcome relatives and visitors."

Inadequate

Is the service well-led?

Our findings

When we inspected the service in February 2014, we were concerned about the systems used to assess and monitor the quality of the service. We asked the provider to send us an action plan and tell us how they would make improvements. At this visit, we found that there were some improvements in some areas, but that the systems were still not effective.

People's care records were audited on a regular basis to ensure that they contained accurate information and guidance for staff to follow. However, we found examples where people had not always been asked for consent to care and support particularly in relation to decisions regarding resuscitation. The care plan audits had not identified these areas of concern. We found pressure mattresses that were set at the incorrect pressures for people's needs and the mattress audit had not identified these inaccuracies. Therefore the quality assurance and governance systems used were still not effective.

We saw a "barrier to care" board which was an area for staff to post concerns for the management team to collect and return a solution where it is thought care could be provided to a higher standard. Staff told us that this was not an effective system. For example, one staff member said, "I posted on the barrier board and my concern hasn't even been collected." This demonstrated that the systems in place to gather feedback from staff to make improvements to the service was not being managed well.

We found that the service had been without regular hot water for the two weeks prior to this inspection. The manager had not notified CQC about this event until prompted at this inspection. Whilst the manager had reported the problem and the provider had made several attempts to fix the boilers, the repairs to the hot water system were not successful until the day of our inspection.

In addition the manager had not undertaken risk assessments to ensure all appropriate actions were being taken to ensure the safety and welfare of the people who used the service, visitors to the home and the staff team.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.

Complaints were received and managed by the unit managers within the service. We found that the manager was not involved in the management of complaints and was not a visible presence in the home. People and their relatives told us they did not know who the registered manager was. A relative said, "Complain, to whom?" if I do complain she [manager] just says what can I do about it?" However, all relatives we spoke to told us that they enjoyed a good relationship with the unit managers and staff team.

Care staff said that they felt supported by their unit managers; however care staff and senior staff told us they did not feel supported by the management team. They said that they rarely saw the manager of the home, and did not feel they could approach them. One staff member said, "The manager says, we do, that's how it works." Another staff member told us, "We don't share our knowledge or best practice. We just get told what to do because of instructions 'from above'. The manager just says there is nothing they can do."

The organisation's mission statement including the values and visions were displayed on posters in communal areas throughout the home. However, staff members were not able to tell us what these were. The organisational culture did not support staff to question practice. For example, guidance about the whistleblowing policy and procedure was worded in such a way that it could discourage staff from reporting concerns externally. This is a concern in light of the fact that staff members on two of the five units were not clear about recognising and reporting concerns about abuse. The guidance did not include any details of the external agency that dealt with safeguarding matters or how to contact them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person does not operate effective systems to protect service users against the risks of inappropriate or unsafe care.**