

HC-One No.1 Limited

St Christopher's Care Home

Inspection report

Drakes Way
Hatfield
Hertfordshire
AL10 8XY

Tel: 01707274435

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Christophers Care Home is a residential care home providing personal and nursing care to up to 168 people. The service provides support to older people, some of whom are living with dementia, in 5 purpose-built buildings. At the time of our inspection there were 62 people using the service. Only 3 buildings were in use at the time of our inspection.

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

The service had monitoring processes to help drive improvement. Quality assurance systems identified areas that needed further development and remedial actions were implemented. However, while the team were making improvements, more time was needed to ensure this practice was consistent and embedded in all units and with all staff.

People felt they were safe and well supported by the service. Individual risks were assessed, and staff were aware of these. Reviews of events and accidents were carried out and actions needed were carried out. Medicines were managed well, there were some areas of recording to improve upon, and staff knew how to report any concerns about a person's safety or welfare. People told us there was enough staff to meet their needs. Better deployment on 1 of the 3 units was needed and this was discussed with the management team who took action to address it. Staff communicated well to ensure needs were met in a timely way. Infection control was managed well.

Staff received appropriate training for their role and people felt they had good knowledge and skills. Staff felt supported by the provider and management team. People and most relatives told us staff assisted them with eating and drinking as needed and respected their preferences and choices.

People and relatives told us staff were kind and caring, they were happy living at St Christophers Care Home. Interactions observed were very positive, staff responded to people in a way that anticipated their needs and demonstrated they knew people well. All observations found staff to be attentive and caring about the people they supported.

Staff enjoyed working at the home and wanted to ensure people were happy and well cared for. Care plans included all information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly. Some of these plans needed to be rewritten as were difficult to read. This was carried out following our visit.

People, some relatives and staff felt their views about the service were sought but some relatives felt this could be done more often. People and staff told us that the manager was often around the home checking on how they were and how staff were working, offering guidance and support.

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.

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 requires improvement (published 25 August 2022).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about management of risks and governance, staff training and records. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Christophers Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Christopher's Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection visit was carried out by 2 inspectors and a medicines specialist advisor. A third inspector carried out calls to relatives after the visit.

Service and service type

St Christophers Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Christophers Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager who had applied to be registered in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 May 2023 and ended on 25 May 2023. We visited the service on 4th May 2023

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 16 relatives and friends about their experience of the care provided to their family members. We spoke with 10 members of staff including the manager, regional manager, care and ancillary staff. We also spoke with other members of the management support team.

We reviewed a range of records. This included 7 people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People had individual risks assessed and they told us they felt staff supported them safely. We saw staff working safely. A relative said, "Yes, it is safe, [person] is [at risk] and they safeguarded that by putting sides on their bed. They always check on them. Document welfare checks and there is a folder every 20 minutes. The care plan tells me updates and asks me to go in and sign for it."
- Most staff were able to tell us about people's individual risks and how they helped reduce these. For example, staff were aware of people's pressure care risks, choking risks, signs of stress or distress and how to manage these. Care plans were detailed to offer guidance.
- We spoke with an agency staff member who was providing one to one care for someone, and they were not aware of the person's risk of choking. We noted there had been recent choking incidents at the home. One of which due to a blender breaking and not being reported, therefore solid food was given when a modified diet was required. This was reported as a safeguarding concern by the manager. Additional training was provided, more checks on staff practice were put in place and lessons learned were shared across the home.
- There had been a number of skin tears or bruises in the home. Some were unexplained, some were identified as poor moving and handling. The manager took appropriate action by reporting these issues, reminding staff to take more care and providing training. A staff member told us, "Staff are well trained, management is always looking for ways to improve things for example concerns were raised about skin tears and [manager] got all carers retrained in safer people handling, level two dementia training was given to staff, and dementia level three is booked."
- There had been a number of incidents between people who lived at the home. Staff were aware of people's signs of distress or possible escalation of distress/challenge and intervened immediately with distraction techniques and reassurance. For example, at lunch time when 1 person was distressed at the table and staff got them the requested cereal even though meals were being served, and closed a door that was bothering the person.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I feel safe, staff are nice."
- Staff knew how to recognise and report any signs of abuse. They had received training and information was displayed around the home.
- The management team had reported any concerns appropriately to the local authority safeguarding team and the Care Quality Commission.

Staffing and recruitment

- Staff told us that generally there was enough staff. A staff member said, "We are a good team."
- On 2 of the units our observations showed people's needs were met in a timely way. Most of the time, staff were visible throughout the units. People and most relatives felt they were supported in a timely way in most cases.
- However, on the 3rd unit, staff deployment and management of tasks needed to be reviewed to ensure people who wanted to get up were supported to do so ahead of providing care for people who remained in bed, should their needs not be more urgent.
- We found on this unit that of the 26 people, 16 stayed in their rooms but 10 people used communal areas. They were at times waiting until lunchtime to be supported to come from their rooms. A person said, "I like to get up around 9am as I am early riser and been awake since 6-7am so by 9am I wanted to get out of bed." However, the person was supported to get up after 10am on the day of the inspection and they told us quite regularly staff were late to get them up, "hence why I feel staff are stretched." A relative said, "Happy with the care, the only issue I have is in the evenings there is not a lot of care staff. But they increased staffing levels the other day."
- We discussed this with member of the management team who told us that they had spent time mentoring and leading the team on the 3rd unit and they were seeing improvements already.

Using medicines safely

- People received their medicines in accordance with the prescribers' instructions. We reviewed a sample of medicines and found records and quantities to be accurate in most cases. However, of the 18 checked, 3 did have the incorrect quantity.
- In addition, practice needed to be improved in some areas. For example, a controlled medicine was in the building, and this had not been recorded as being in the building as was not in use. The manager took immediate action to address this and mitigate risk.
- Staff had received training and competency assessments.
- Where an error was made, the appropriate action was taken to seek medical advice and help ensure it did not happen again.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visitors to the home. People had visitors on the day of inspection and some people were also going out with family for lunch.

Learning lessons when things go wrong

- The management team shared findings from audits, complaints and events with staff to help ensure there

was learning from them.

- A lessons learned record was completed when there had been an incident, and this was shared with staff at daily meetings.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were audits across all key areas of the service. This information was added onto an action plan to give an overview of performance and any areas that needed addressing.
- However, while these checks were identifying issues and action was taken to make the required changes, we found some points had not been resolved, and were a work in progress.
- The manager had raised with staff the issues with gaps in recording, swift reporting and better communication, but at times these remained a shortfall. For example, food and fluid monitoring charts needed more detail as to what meals were offered to people. This information had not been recorded by staff so it was difficult to establish if people refused their meals or only ate little was this because they disliked what was offered to them. We also found a controlled medicine stored but not recorded as being in the home. While this was noted on an audit from the previous day, it hadn't been addressed. The manager took immediate action to address this.
- Some care plans were difficult to read due to poor handwriting. This had been identified, but not fully resolved. However, following our visit, the manager advised us the plans we highlighted had been rewritten.
- The management team were working to embed good practice and drive improvements by providing leadership and guidance every shift. Staff told us they felt this was improving standards. We found the work already in progress and the immediate action taken following our feedback mitigated risk to people. □
- The manager understood their responsibilities in relation to the duty of candour. They reported events appropriately and was in contact with relatives, keeping them informed, as needed.
- The manager carried out regular walk rounds to help ensure staff were working in accordance with standards and regulations. They provided guidance and support for staff. A staff member said, "On the units we now have people assigned for different task for as we know that [manager and deputy manager] will be coming and checking things they come twice or three times a day, then complete a form which they usually feedback in flash meeting. I find that the spot checks help as I have seen improvements even in the short time I have been here. On the units you hear people challenging each other if things are not done as [manager] will come and tell people off (please note manager is not rude) they really want things done properly."

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

outcomes for people

- Feedback about the culture and approach of the service was mixed. A relative said, "The staff knows my [person] and [person] loves their [comfort item] and the staff settled them in bed and gave them the [comfort item] and kindness. The nurse at the home will encourage [person] as the staff doesn't want them in bed." Another relative said, "I think it has improved but I wouldn't recommend it to another, but I did consider moving [person]. Complaints not addressed correctly. I don't have my opinions taken into account, I went into [person's] room and [belongings] in the room and they had all gone, I asked [a member of the management team], and they said I don't know, and blame [person] and gave no resolution."
- Our observations were positive on 2 of the units. Interaction between staff and people was good, care was given in a person-centred way. On a 3rd unit, care was given in a more task orientated way and this meant people waited for care and this impacted on how they spent their day. We raised this with the management team who were also reviewing processes in this unit.
- Some relatives raised concerns about the lack of engagement for people and about care not always being given in a dignified way. Several relatives raised concerns about laundry and missing belongings meaning people often wore other people's clothes and a relative raised a concern about a person receiving care from a gender of staff they were not comfortable with due to staff availability. They said, "At night there are only 2 staff and both are [gender] and my relative doesn't like care from [gender] of staff, management says that they can't get the staff."
- We discussed these issues with a member of the management team. They told us, "I tell the staff when doing rota that gender mix is equally as important as skill mix so I will remind them to consider this to ensure a good mix of staff on each unit."
- People and some relatives said the management team was approachable, visible and friendly.
- Staff told us the service had a person-centred approach and they enjoyed working there. A staff member told us, "I find that [manager and deputy] work very well together and they support everyone when they walk the units always ask how staff are they find time to talk to staff they are very respectful. People are encouraged to speak up. Compliments are shared with the team, which is really nice, and it gives everyone a boost. I think things are improving because of good management. I think staff feel empowered. We even have treats from management."

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

- People and their relatives gave mixed views about how often the service sought their views. One person told us, "[Name] is the manager, they make themselves visible and comes and talks to me." A relative said, "I think the management is good. I get a good vibe. The manager talks to me as an equal. Everyone seems approachable. I would be a resident in St Christophers."
- People and staff told us that the manager was often around the home and meetings were held. However, relatives told us more opportunities for sharing views would be helpful. Some relatives told us they were invited to care planning and review meetings.
- Staff feedback was sought through meetings, supervisions and observed practice with the manager or a member of the senior team. One staff member said, "Management ask for staff views. [Manager] asked for units to have individual meetings and to give ideas how each unit want to improve. Everyone is encouraged to participate management have an open-door policy."
- Staff were positive about the service and the management team. They felt there had been improvements. A staff member told us, "I feel proud to work in St Christopher's the staff are lovely. Management is approachable. Management is always talking about improving residents experience that has stuck with me."

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The management team were looking for ways to further improve the service. They were providing guidance and support to the staff team to help change the culture in the home to make care delivery more consistent and in line with standards.

Working in partnership with others

- The management and staff team worked with other professionals to ensure support and the right care for people. This included district nurses, speech and language therapists and physiotherapists.