

Platinum Health Resources Limited St Christopher's House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

The inspection took place on the 6 November 2015. It was an unannounced comprehensive inspection. At the last inspection on 04 October 2013 the service was found to meet the fundamental standards.

St Christopher's is a care home that offers a care service without nursing for up to six people with mental health needs. At the time of our inspection four people were using the service. There is a registered manager 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.

The three storey house was situated in a residential street. People with reduced mobility lived on the ground floor. All communal areas were accessible including the lounge, kitchen and garden. People told us they felt safe at the service and that staff were good. Staff had received safeguarding adults from abuse training and demonstrated a good understanding of how to protect

Summary of findings

people from abuse. There were adequate numbers of staff to meet people's needs. Recruitment checks were made but some staff had been working unsupervised before Disclosure and Barring service criminal record checks had been received. The systems in place to manage safe recruitment were not being adhered to, putting people at risk of harm.

Staff had received training in infection control, food hygiene, and health and safety. The service was welcoming, well kept and clean, but there was a strong mal odour of urine in the ground floor shower room and toilet. The registered manager told us that measures taken to address the issue had not been successful and repair work would be required to eradicate the mal odour. We were concerned that this put people at risk of acquiring an infection.

We found staff were caring and respectful. There was effective care giving people support with their physical and mental health. Staff made appropriate referrals to medical services in a timely manner. Professionals spoken with described good communication from the registered manager and staff.

We found the service was good at promoting people's independence. People were involved in their care planning, meeting with their key worker to discuss their support needs. Regular reviewing and updating of care plans occurred. People were encouraged to undertake individual activities however care plans did not address people's diverse support needs.

The service was well led. There was an established registered manager who was knowledgeable about the people using the service. The registered manager recognised staff potential and encouraged staff to take greater responsibility in their role.

We made a recommendation around person centred care.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 is not safe and requires improvement

- The provider had systems in place to protect people from abuse.
- People received their medicines in a timely and appropriate manner.
- The provider assessed the level of staff required to meet the needs of the service. However safe recruitment policies were not adhered to.
- The staff observed procedure to ensure infection control however one area of the service required repair to stop the mal odour and possible infection risk.

Requires improvement



Is the service effective?

The service was effective

- The provider demonstrated they understood the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Staff demonstrated they were knowledgeable about how to provide care and support for people.
- The service ensured people were referred for appropriate health care and ensured nutritional support.

Good



Is the service caring?

The service was caring

- Staff were friendly and professional in their approach to people.
- Staff treated people with respect. The service kept information in a confidential manner.
- People were involved in their care planning.

Good



Is the service responsive?

The service is not responsive and requires improvement.

- People said they could complain there was a complaints policy and historical complaint recordings.
- People received individualised care and undertook individual activities, however there was a lack of recording about people's personal history, diversity and their wishes and aspirations.

Requires improvement



Is the service well-led?

The service was well-led

- There was an established registered manager in post and they understood their role and responsibilities.

Good



Summary of findings

- There were systems in place for the management of the service.
- The provider quality assured the service, eliciting the views of users of the service and analysed the findings.

St Christopher's 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. 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 comprehensive inspection took place on 6 November 2015 and was unannounced. The inspection team

consisted of one inspector. Prior to the inspection we looked at notifications we had received about St Christopher's House. During the inspection visit we looked at four people's care records and risk assessments. We checked people's medicines looked at a number of medicine administration records. We spoke with all four people who lived at the service. We observed staff interaction with people. We interviewed two staff members and spoke with the registered manager and director. Following the visit we spoke with professional stakeholders who visit the service.

Is the service safe?

Our findings

People we spoke with said "I'm happy here" and told us they felt safe.

Staff had received safeguarding adults from abuse training and could demonstrate how to recognise the possible signs of abuse and report their concerns appropriately. There was a safeguarding adult's policy and a poster displayed in the communal entrance area detailing how to report abuse when suspected. Staff were also able to tell us that they knew how to whistle blow should they feel a concern was not being addressed.

People told us they were receiving their medicines on time. Staff had received training in administration of medicine and did not administer medicine until they were confirmed as competent to do so. We looked at a sample of completed medicine administration records there were no errors or omissions noted. Senior staff completed regular medicine audits these were reviewed by the manager. The systems in place assured us there was safe administration of medicines

The provider ensured there were enough staff to support people using the service. During the visit we noted staff were present as detailed in the rota. The present staff team consisted of the registered manager, two senior support staff and support workers. There was a waking night staff member on duty, they could call the manager or identified senior if they required additional support during the night. The manager explained there had been a high turnover of staff, but currently the staff team was stable. The manager told us they used the same bank staff to cover absences whenever possible as they knew the people using the service and they felt this provided continuity of care. Professionals we spoke with told us the service was responsive in times of crises and allocated extra staff when necessary.

The provider carried out checks to ensure the safe recruitment of staff. Application forms had been completed by staff detailing previous employment and references were requested and received. There were applications to the Disclosure and Barring Service for criminal record checks for staff prior to them starting work. Some staff had been working in a supervised capacity before receiving their criminal record check. There were a number of occasions when the rota indicated staff were working

unsupervised some weekends prior to receipt of their criminal record check. We addressed with the registered manager who explained the director would have been present, however there was no documentation to show this had occurred. The staff were working unsupervised without all recruitment checks being completed. This did not ensure the safety of people using the service.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People's care records included assessments of potential risks. Support staff regularly reviewed and updated all risk assessments and risk management plans. The assessments identified the risks and gave staff guidelines to minimise and manage the risks identified. There was an assessment of environmental risks, such as preventing harm from fire. Prominent display of the fire safety policy ensured quick reference for staff. We saw regular recordings of fire alarm testing and fire drills. Fire prevention equipment was available throughout the service and had received service checks. There was a strict no smoking policy inside the building and bedrooms had reminders on the doors. The service had provided a safe covered smoking area in the garden with seats and an outdoor heater to encourage people to smoke outside rather than indoors to avoid a fire hazard.

Staff and people using the service cleaned the communal areas. We saw that the service was clean and mostly well maintained. However the downstairs shower with toilet, adjacent to the kitchen was clean but had a very strong malodour of urine. This indicated a source of possible infection close to the kitchen area and was unpleasant for people to use. The registered manager explained to us that they had tried many products to remove the odour but it was a historical problem that required repair work to be undertaken to address the issue.

This is a breach of Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment,

The staff had received training in health and safety, infection control and food hygiene. There was an effective hand washing technique poster and antibacterial hand wash available, paper towels and disposable gloves. Mops and buckets were colour coded to prevent spread of infection. In the kitchen food was stored appropriately and

Is the service safe?

the opening dates of products kept in the fridge recorded to prevent out of date food being eaten and causing illness. Daily recordings of fridge temperatures ensured the safe storage of chilled food.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see at the back of this report what action we asked the provider to take

Is the service effective?

Our findings

People told us "The staff are good" and "are here to help". We saw that some staff had previous experience of working in the field of mental health, all staff received induction training and subsequent training, covering topics to enable them to provide effective care and support. Staff received three monthly supervision and a yearly appraisal to support them to undertake their role. The manager explained when they employ new staff there is a three month probation period. Staff worked supervised initially and asked to read through policies and procedures, it was only when staff were competent they were employed on a permanent basis.

There were systems in place to ensure effective communication and the handover of information. Staff knew people and understood their individual needs. St Christopher's House had strong links with other community services and worked in partnership with them. There was regular monitoring, review and recording of people's needs and liaison with mental health professionals in the community. Professionals said they found communication with the service was good.

Staff demonstrated they were also knowledgeable about people's physical health needs. There were timely and effective responses to people's medical needs. Staff had assessed a high risk of falls for one person. There was a falls clinic referral and measures taken to minimise the risk of further falls. There had also been a referral to physiotherapy and mobility equipment supplied. A display of exercises from the physiotherapist in the person's bedroom prompted staff to support them to undertake the exercises. In records there were regular weight checks with

the outcome recorded and appropriate action taken. People attended routine appointments for the opticians, dentist and chiropodist and staff ensured recommendations were completed.

People said there was "A lovely variety of food". There was a varied menu. A good variety of healthy food was available in the kitchen. There were fresh vegetables and a selection of fruit. Meat and fish were available for meal preparation. There was a homemade pasta bake in the fridge. The store cupboards contained a choice of cereals, preserves and snacks. People could make a variety of hot and cold drinks when they wished to. We observed that staff monitored if people had eaten lunch and made suggestions for a healthy choice.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At St Christopher's House people had the mental capacity to make their own decisions about their day to day life choices, such as money management and when they wished to go out. The registered manager demonstrated to us that they understood their responsibilities to work under MCA & DoLS legal framework giving examples of when DoLS would apply.

Is the service caring?

Our findings

People we spoke with said "We respect each other" and "Everyone is nice, I like it here at St Christopher's". People said they liked the house cat and visiting dog that helped to make a homely environment.

During the inspection we saw staff treated people in a caring and kind manner. Staff listened to people and gave support promptly. We noted staff and people living at the service were relaxed in each other's company. Staff told us "I try and have a nice welcoming attitude and use the right tone of voice, offer help when it is needed" and "I feel I'm approachable". Professionals who worked with the service said they felt staff were respectful towards people using the service. Staff respected people's privacy. Staff knocked on people's bedroom doors and only entered when asked. Staff offered people choices throughout the inspection and discussed what the choice was, giving time for the person to make their decision. Staff were careful to discuss people's concerns in a discreet manner and were mindful of the need for confidentiality. People's documents were securely stored.

Staff spoke about people in a sensitive and respectful manner showing an appreciation of people's choice and preferences. Staff demonstrated that they were not judgemental of people and respected their individuality saying "Who am I to judge" and gave examples of how they promoted people's diversity choices.

Most recordings were appropriate and respectful. However we noted some records were not person-centred focusing on the behaviour using a negative description rather than the guideline to support the person. For example the recordings regarding a planned visit to a library concentrated on the number of times the person had forgotten to attend. Having established the person was forgetting to attend there was no staff support guideline in place to ensure the person remembered the appointment.

People we spoke with could name their key workers and confirmed that they were involved in the planning of their care plan. "We converse and look through my care plan". We saw that there were weekly keyworker meetings with staff asking are people happy with the support given. Staff updated the care plans on a monthly basis recording people's changing support needs. Detailed care plans addressed people's support needs and risk assessments.

Is the service responsive?

Our findings

Staff expressed the strength of the service was promoting people's independence. The registered manager explained at St Christopher's House the main focus was to equip people to be as independent as possible. People had keys to their rooms and went out independently. People undertook as much of their own cleaning as possible, collected their prescriptions and participated in the day to day life of the service. Staff worked with people on an individual basis to achieve independence. We saw that people had a designated day when they prepared the evening meal. They chose what they wanted to cook from cookery books or their favourite dishes and staff supported them to make a list of ingredients that they then purchased. Some people were able to make a number of dishes with minimal support, whilst others required staff support with a large part of the preparation and cooking. Everyone at the service then shared the meal. All people said they enjoyed this arrangement and spoke proudly about the meals they had made.

People undertook individual activities and care plans showed that keyworkers had discussed with people what their preferences were. One person had completed a computer course and wished to re attend the course. Staff facilitated this and had given support to purchase a computer. Some people were independent and socialised with friends outside of St Christopher' House needing less support from staff with activities. Staff supported one person to undertake voluntary work. Care plans showed staff would encourage in hobbies of their choice such as football practice if people showed an interest.

St Christopher's celebrated festivals such as Christmas. There were photos from a number of year's Christmas celebrations in the lounge and people said they "had a good time". Staff supported some people to stay in contact with family members and had a visit from family arranged. Staff encouraged one person to budget their money so they could travel to visit family who lived abroad.

Care plans were detailed and recorded risk management and activity choices, however there was limited recording of people's diversity, preferences, dislikes and aspirations. One person attended a gender specific group but care plans did not address cultural need and religious choice. There was documentation of people's mental health history but no other aspects of people's personal histories. Staff had good knowledge of people's diversity and their likes and dislikes, however this was not reflected in care records therefore not available for new staff or visiting bank staff. This could result in diverse needs not being met.

People we spoke with said they would complain to the manager if they wished to and would "speak up for themselves". Residents meetings addressed general complaints. The registered manager described they addressed individual complaints speedily listening to people's complaint and explanations. There was a complaint log with historical complaints but no recent complaints. The registered manager explained due to the settled service there had been no complaints recently.

We recommend that the provider consults best practice guidance in providing person centred care.

Is the service well-led?

Our findings

There was an established registered manager at St Christopher's House. Professionals we spoke with told us that the registered manager was engaged in the running of the service and was knowledgeable about the people using the service. There was, they thought a good handover of information between the staff and manager.

Some staff said that the manager was supportive and "ran a tight ship". The registered manager explained they looked for potential in staff and used supervision and appraisal as a means to develop the staff and to listen to their views. We saw that senior staff took responsibility for different domains such as medicine auditing and supervision, writing a report for the registered manager each month. There were regular hand-over meetings to ensure the sharing of information and to hear any concerns or suggestions. The manager gave examples of when they had followed the disciplinary procedure when staff practice was

not appropriate to ensure the safety of the people using the service. The registered manager told us they had good support from the provider, with the director visiting throughout the week.

To ensure the quality of the service staff asked people using the service, during care planning, whether they were happy. Staff shared this information with the registered manager. The registered manager told us they undertook a yearly questionnaire circulated to people using the service and analysed the replies to make improvements. The director explained they spoke to people to ensure they are receiving a good service and address any concerns raised. They also spoke with staff and were available to staff should they wish to speak with them rather than the registered manager. Although this was not recorded staff said the director was approachable and visited frequently. The director also liaised with local stakeholders to ensure the service received was of a high quality.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>15(1)(a) All premises and equipment used by the service provider must be clean.</p> <p>(2) The Registered person must in relation to such premises and equipment, maintain standards of hygiene appropriate for purposes for which they are being used.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>19 (2) Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in (b) in case to which regulation 5 applies, paragraph (3) of that regulation.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.