

St Cuthbert's House Limited

St Cuthberts House

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

St Cuthberts House is a residential care home providing personal care to up to 28 people with enduring mental health needs. There were 22 people living at the service at the time of the inspection.

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

Safeguarding policies and procedures were in place but were not confidently followed by staff or appropriately managed and investigated by the registered manager.

Risks to people were not always effectively assessed or monitored. Lessons were not learned after specific incidents to ensure ongoing risks could be reduced.

Information was not always shared appropriately by staff when people raised concerns. The registered manager did not always appropriately share information of a safeguarding nature when required. There was a lack of scrutiny, oversight and accountability regarding any concerns raised and how these could be investigated and learned from.

Staff did not speak positively about the leadership of the service. The registered manager and staff worked well with some clinicians but the registered manager had not developed strong or positive working relationships with external agencies.

The premises were in need of repair and refurbishment in a number of areas. This impacted on people's ability to make basic day to day choices, such as showering. There was no plan in place to complete or prioritise any of this work. Effective infection prevention and control was not always possible due to the refurbishments required.

Person-centred care plans had not been audited or updated in a timely fashion. Staff demonstrated a good knowledge of people's preferences, histories and changing needs, but this was not reflected in up to date care planning. People were not stimulated or engaged with the activities on offer.

Staff meetings and supervisions had not taken place recently. Quality assurance processes were not effective in monitoring or improving the service. Care staff training in core areas was up to date.

Staff were recruited following the provider's policies. Medicines processes we reviewed were safe.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were supported to access healthcare appointments and received regular visits from clinicians.

People gave broadly positive feedback about meals.

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

Rating at last inspection and update

The last rating for this service was good (published 22 October 2020).

Why we inspected

The inspection was prompted in part due to concerns received that safeguarding concerns were not fully investigated. A decision was made for us to inspect and examine those risks.

We have found evidence the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report in relation to improvements required in the Responsive section.

The overall rating for the service has changed from good to inadequate. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Cuthbert's House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safeguarding, risk management, leadership and governance.

Please see the action we have told the provider to take at the end of this report.

Special measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

St Cuthberts House

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.

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

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Cuthbert's House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the provider 24 hours' notice of the inspection. This allowed the provider time to let people know we would be contacting them for feedback and provide us with records for review as part of the inspection.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. 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.

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 used all of this information to plan our inspection.

During the inspection

We spoke with six people and one relative about their experience of the care provided.

We reviewed a range of records. This included three people's care records. We spoke with four members of staff, including the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with seven staff over the telephone and emailed six external healthcare professionals for feedback. We reviewed training information, recruitment information, maintenance records and quality assurance records.

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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were not effectively safeguarded from the risks of abuse. Documentation relating to previous safeguarding incidents demonstrated investigations were not comprehensive or robust. The registered manager had not always acted in line with their safeguarding policies to ensure safeguarding investigations were impartial, and that preventative action was taken without delay.
- Care staff received safeguarding training but other staff such as domestic assistants and chefs did not. The registered manager agreed to rectify this urgently.
- Safeguarding and whistleblowing policies were in place, but staff did not have the confidence to report concerns. The management structure did not allow for open and honest concerns to be raised. There was a strong consensus of opinion from staff and external agencies that safeguarding systems in place were inadequate.

The failure to have an effective safeguarding system in place was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong; Preventing and controlling infection

- Action was not always taken to learn lessons from incidents. There was insufficient review and reflection following safety incidents to ensure that steps could be taken to learn from them and reduce the risk of recurrence.
- Risk assessments were in place regarding people's particular needs. Staff demonstrated a good knowledge of the steps needed to keep people safe, in line with any changes. This was not always reflected in current care planning records, which needed updating.
- The premises were in need of repair and refurbishment in a number of areas. No specific harm had resulted but there was an impact on people's ability to choose, for instance one shower room was inaccessible due to stalled refurbishment work. The registered manager had advertised for a maintenance person/company but did not have a clear plan regarding how and when the required works would be complete. We were not assured the provider was promoting safety through the layout and hygiene practices of the premises.
- The service was overdue a gas safety check. There were multiple leaks (in communal areas) from water tanks.

The failure to have an effective system to assess, monitor and manage risks was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The electrical and fire inspections were up to date.

Staffing and recruitment

- The provider carried out pre-employment checks before staff were employed, including DBS checks.
- There were sufficient staff on duty to ensure people's basic needs could be met safely. Some staff felt there was insufficient time to be able to support and enable people's independence.
- No visiting healthcare professionals raised concerns about staffing levels. One said, "Staff always know how to interact with people and I've seen a lot of tactful de-escalation when I've been here."

Using medicines safely

- People received their medicines as prescribed. People were overdue reviews of their medication needs. The registered manager agreed to follow this up with the GP as a priority. There was regular involvement from the GP and other visiting clinicians regarding people's needs, including medication. Where people's needs had changed, medication changes had been made.
- Staff demonstrated a good knowledge of people's medicinal needs. External healthcare professionals spoke positively about staff ability to pick up on changes and to involve them when needed. They confirmed staff sought appropriate support and advice.
- Medication records we reviewed were up to date. Where we identified one error the registered manager took immediate action.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- An effective system to support staff was not in place. Staff meetings had not happened regularly. The majority of staff we spoke with did not feel well supported in their role. The registered manager acknowledged that staff supervisions had ceased in the past year and had begun holding these again in recent weeks.
- Mandatory training had been refreshed via online training. The registered manager shared relevant good practice guidance with staff where they were aware of it (for instance React 2 Red, an NHS scheme intended to increase the awareness of pressure sore risks).

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Healthy alternatives were offered and care files contained instructions to staff to encourage healthy alternatives.
- The service had two chefs. People spoke positively about the meal options, with one stating, "I had egg and bacon this morning, then seconds, like a hotel." Another said, "The teas are lovely, prawn sandwiches are my favourite."
- Staff understood people's preferences and catered accordingly, for instance one person was vegetarian.
- The dining experience we observed lacked any differentiation from the use of the room as a relaxation space. The same music played and the menu board did not display the meal options. The dining experience therefore appeared not as positive as it could have been.
- People were supported to access external healthcare appointments, with the registered manager often taking them. People had specific care plans in place to help with core areas of health, such as dental and eye care. Feedback from external healthcare professionals was positive regarding the timeliness with which people were supported to arrange and attend appointments.

Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An effective system was not in place to ensure care plans reflected people's current needs.
- Staff worked well with visiting professionals to ensure they were given a verbal, up to date picture of people's needs. Feedback from visiting clinicians was that staff helped them identify and treat people's changing needs well.

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.

- Staff did not always support people to be as independent as they could be in relation to food, drink and activities.
- External professionals who supported people to make informed decisions, gave positive feedback about how staff supported people.
- DoLS were appropriately sought and reviewed.

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

- Not all areas of the service had been designed or furnished with the needs of people in mind. The service was a large old building. Some of the space had been well utilised to meet people's needs, for instance the use of one area for large screen sports on television, and one large corridor which had a pool table and other games. Other spaces were under-utilised, particularly the large outdoor spaces. One member of staff told us they had hoped to arrange gardening areas for people who had previously enjoyed this. This had not happened at the time of inspection.
- The service was generally in need of refurbishment and redecoration.

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 deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The registered manager did not regularly involve people who used the service in decisions about how the service was run. 'Residents meetings' had not taken place for a year. Some people who used the service were not confident issues they raised would be dealt with appropriately.
- Care plans did not contain detailed information about people's goals or aspirations, meaning the service was not able to demonstrate where people may have been encouraged to increase their independence.
- The culture had elements of institutionalisation which restricted people's involvement and choices in day to day matters. Drinks were offered at set times and referred to as 'half tens' and 'half twos'. Takeaways were banned by the registered manager rather than finding a way around previous tensions between people. Menus and activities planned were not displayed and there was little evidence of people's involvement in the planning of these.

The failure to ensure people were supported to express their views and make decisions about their care was a breach of regulation 9 (person-centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- We observed some warm interactions between some staff and people using the service, for instance whilst supporting a person to go for a 'siesta' and supporting another person who required help eating and drinking.
- People were not always enabled and supported to maintain their own independence. Whilst the pandemic had had a significant impact on people's ability to access the community, people, relatives and staff all expressed concerns about the proactiveness of the service in terms of encouraging people to regain their confidence in accessing the community. There were no specific plans in people's care plans or overall plan from the register manager to help people regain their confidence in the community.
- Staff cared for people and were passionate about them receiving better person-centred care. The systems, processes and culture in place meant that staff were not always able to deliver this person-centred care.

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 deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans about people's individual needs did not always reflect people's change in needs in sufficiently person-centred detail. One person had a specific condition which staff and visiting professionals needed to be aware of, but the care plan had not been audited in over two years and did not contain current information about the impact of this condition on the person. The care plan was therefore not sufficiently person-centred.
- The registered manager had begun the process of moving to an electronic care planning system. Regular review, auditing and updating of care plans had fallen behind. The registered manager acknowledged they had not completed an audit of care files but would use the move to electronic care planning as an opportunity to do so.
- Staff did not always work together well in ways that ensured information about people's needs were shared consistently. For instance, a daily handover book was used but relevant content from it was not always shared or escalated appropriately.
- Activities were limited and there was a lack of proactive or enthusiastic support by some staff to encourage people to try new things or to participate in activities they had previously enjoyed. The activities planner for the week did not correspond to the activities we observed during the inspection. This planner was kept in the registered manager's office and therefore inaccessible.

The failure to support people to follow their interests through personalised care was a breach of regulation 9 (person-centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The majority of staff we spoke with did try to provide personalised care. They were knowledgeable about individual people's preferences, histories and lifestyles. They interacted with people in a calm manner.

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.

- Some signage was limited and at times institutionalised in tone and approach. For instance, one sign banned takeaways whilst another described use of the smoking room as a 'privilege'. Some signage was useful and accessible, such as information regarding the pandemic, smoking cessation and complaints.

Supporting people to develop and maintain relationships to avoid social isolation

- Prior to the pandemic the registered manager had arranged various outings and entertainers to visit the home. They hoped to be able to reintroduce these soon given the easing of lockdown restrictions. People spoke warmly about how they had enjoyed previous entertainers visiting the service.

Improving care quality in response to complaints or concerns

- There was information available to people about how to make a complaint if they were unhappy with the service. Staff, however did not have confidence in the ability of the registered manager or provider to investigate complaints openly. People told us they could raise concerns with staff if they had them.

End of life care and support

- No one who used the service required this care at the time of inspection. The provider had a relevant policy in place. As with all care plans, these were in need of review and updating.

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 now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The registered manager and provider had not fostered a positive or open culture. The service had characteristics of a closed culture: risk taking was restrictive rather than positive; staff did not feel supported or empowered.
- We spoke with the majority of staff. The consensus of opinion was the registered manager did not engage openly with them or lead the service well.
- The registered manager and provider did not have effective governance systems in place. Audits and other assurance checks were out of date, meaning they had not identified issues we found on this inspection. We acknowledged the impact of the pandemic and also the registered manager's work to roll out a new electronic care planning system. There was, however, insufficient support, planning and governance in place.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People interacted in a calm manner with the registered manager and staff during our visit. External professionals stated they had observed positive interactions between staff and people on numerous occasions.

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

- An effective system to engage and involve people was not in place. 'Residents meetings' had not been held for a year. People therefore had not had the usual formal opportunities to raise concerns or queries. The registered manager stated they sought feedback from people verbally on a one to one or group basis, but this was not documented.
- People and staff felt feedback was not always welcomed or responded to effectively by the registered manager. Staff supervisions had not happened regularly, meaning staff did not have formal opportunities to reflect on practice, demonstrate competence, or raise emerging issues.

Continuous learning and improving care; Working in partnership with others

- The registered manager did not always work well with external partners and agencies. They were unaware of CQC's work on Closed Cultures; their service exhibited a number of the characteristics of a closed culture.
- Feedback from health and social care staff and agencies was mixed. There was a consensus of concern regarding the registered manager's openness, along with concerns regarding the current leadership arrangements. The registered manager's relationships with the owner had broken down and was contributing to maintenance delays and a lack of oversight and accountability.
- Some external partners we spoke with raised concerns about the registered manager's ability to share information openly and appropriately, in order to keep people safe. Others felt they worked well with them to ensure multi-disciplinary meetings regarding people's needs took place.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure person-centred care was planned for or delivered.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people received safe care and treatment; risks were not effectively assessed or mitigated.

The enforcement action we took:

The provider failed to comply with Regulation 12, (2), (b), (d), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We gave them until 30 August 2021 to become compliant.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to safeguard people who used the service from the risks they faced; safeguarding investigations were not completely effectively.

The enforcement action we took:

The provider failed to comply with Regulation 13, (3), Safeguarding service users from abuse and improper treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We gave them until 28 June 2021 to become compliant.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure appropriate and effective governance systems were in place to ensure the safe and effective running of the service.

The enforcement action we took:

The provider failed to comply with Regulation 17, 2 (a), (b) (c) (e), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We gave them until 30 August 2021 to become compliant.