ADR Care Homes Limited

St Catherines House

Inspection report

35 Derby Road
London EN3 4AJ
Tel: 020 8804 1136
Website: www.adcare.com.uk

Date of inspection visit: 18 January 2016
Date of publication: 29/02/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 12 January 2016 and was unannounced. When we last visited the home on the 27 June 2014 we found the service was meeting all the regulations we looked at.

St Catherine's House provides accommodation and care to a maximum of 16 older people some of who may have dementia. There were 14 people using the service on the day of the 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.

Staff knew what to do if people could not make decisions about their care needs. People were involved in decisions about their care and how their needs would be met. Risk to people was identified and how the risks could be prevented. Medicines were managed safely.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. The registered Manager and staff had received training on safeguarding adults, the Deprivation of Liberty

Summary of findings

Safeguards and the Mental Capacity Act 2005. These safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People received individualised support that met their needs. The service had systems in place to ensure that people were protected from risks associated with their support, and care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care plans were developed with people who used the service to identify how they wished to be supported.

People using the service, relatives and staff said the registered manager was approachable and supportive. Systems were in place to monitor the quality of the service and people and relatives felt confident to express any concerns, so these could be addressed.

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?

Good

The service was safe. Staff were available in sufficient numbers to meet people's needs.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately

People were support to have their medicines safely.

Is the service effective?

Good

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively.

People received a variety of meals. Staff supported people to meet their nutritional needs.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Staff understood people's rights to make choices about their care and the requirements of the MCA and DoLS.

Is the service caring?

Good

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

The service had a system in place to gather feedback from people and their relatives, and this was acted upon.

Is the service well-led?

Good

The service was well-led. The service had an open and transparent culture in which good practice was identified and encouraged.

Summary of findings

Systems were in place to ensure the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery.

St Catherines 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 inspection took place on 12 January 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the 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. We also spoke with the local safeguarding team and two professionals to obtain their views.

During the visit, we spoke with four people who used the service, two visitors, three care staff, the cook, the registered manager. We spent time observing care and support in communal areas.

We also looked at a sample of five care records of people who used the service, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

One person said, "I am safe here." Another person told us, “I can speak to the manager if I had a problem with the way they treat me.” People who used the service told us that they felt safe and could raise any concerns they had with staff. Staff we spoke with understood the service’s policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to within the service and to external authorities such as the local safeguarding team and the CQC.

Staff had received training in safeguarding adults. Health professionals told us that staff were very trustworthy and responded to any concerns they raised. One professional commented, “They are proactive and raise issues before they become a problem.” No safeguarding concerns had been raised in the last year. Arrangements were in place to protect people from the risk of abuse.

Staff told us and records confirmed they received regular safeguarding adults training as well as equality and diversity training. They understood that racism or homophobia were forms of abuse and gave us examples of how they valued and supported people’s differences.

Risk assessments were in place that ensured risks to people were addressed. There were assessments covering common areas of potential risks, for example, falls and nutritional needs. These were reviewed monthly in line with the provider’s policy, and changes to the level of risk were recorded and actions to lessen the risk were identified. Staff were able to explain the risks that particular people might experience when care was being provided. Risk assessments identified the actions to be taken to prevent or reduce the likelihood of risks occurring.

When people who used the service became distressed staff responded to them in a sensitive manner so that their safety and wellbeing was supported. Staff could explain how they managed situations where the behaviour of people who use the service presented a risk to themselves or others. They explained how they responded to each person's behaviour in a way that met their individual needs regarding communication and the triggers for their behaviour. Particular ways to respond to people’s behaviour were recorded in their risk assessments and care plans.

We checked the communal areas of the service which were all clean and well maintained. We were shown records of health and safety checks of the building and the appropriate certificates and records were place for gas, electrical and fire systems. We saw that hoists and slings used to support people with transfers were regularly checked and these checks were up to date to support people’s safety. The provider had emergency contingency plans for the service to implement should the need arise.

People told us that enough staff were available to meet their needs. One person said, “I can get staff to come when I need help." We observed that staff were able to respond quickly when people needed them. For example we saw that call bells were answered promptly and people were supported with personal care when they needed assistance. As part of people's assessment before they used the service it was agreed with them how much staff support they needed. Staff told us that there were enough staff available and when people requested support they were responded to promptly. The registered manager showed us the staffing rota for the previous week. These were completed and showed that the numbers of staff available were adjusted to meet the changing needs of people.

Safe recruitment procedures were in place that ensured staff were suitable to work with people as staff had undergone the required checks before starting to work at the service. The three staff files we looked at contained criminal record checks, two references and confirmation of the staff's identity. We spoke with one member of staff who had recently been recruited to work at the service and they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

People's medicines were managed so that they were protected against the risk of unsafe administration of medicines. We observed staff giving people their medicines at lunchtime. Staff checked that they were giving the correct medicine to the right person, and stayed with the person while they took their medicines. People told us that they received their medicines when they needed it. One person said, “The medicine are always given at the right time.” People said that they had been involved in discussion about the medicines they were taking. We saw that staff knew when to offer people when required (PRN) medicines as they noticed if a person was in pain and

Good

Is the service safe?

asked them if they wanted their pain relieving medicine. When medicines were administered covertly to a person in their best interest we saw there were signed agreements in place, which included the person's GP and family.

People's current medicines were recorded on Medicines Administration Records (MAR) as well as medicines received into the home. All people had their allergy status recorded to prevent inappropriate prescribing. Medicines prescribed as a variable dose were all recorded accurately and there were individual protocols in place for people prescribed when required medicines (PRN).This meant that staff knew in what circumstances and what dose, these medicines could be given, such as when people had irregular pain needs or changes in mood or sleeping pattern. There were no omissions in recording administration of medicines. We confirmed that medicines had been given as prescribed.

Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Records showed that controlled drugs were managed appropriately.

Good

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and knowledge to meet their needs.

Staff home had completed a detailed induction when they started to work at the service. Training records showed that staff had completed all areas of mandatory training in line with the provider's policy. Also staff had specific training in dementia and nutrition. Some care staff had completed a qualification in Health and Social Care. A training matrix was used to identify when staff needed training updated. The training matrix showed that staff had completed refresher training when this was required.

The registered manager told us staff received supervision every two months. We looked at three records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice. As part of this supervision staff were questioned about particular aspects of care and the policies of the service. This helped staff to maintain their skills and understanding of their work with people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked 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 procedure is for this in care homes and hospitals are 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 were being met. People told us that staff asked them for their consent before they supported them. They said they were able to make choices about some aspects of their care. We observed staff asking people what they wanted in terms of their support. The acting manager and the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005. They told us they always presumed that people were able to make decisions about their day to day care. They said some of the people in the service had been diagnosed as having dementia and they took extra care when communicating with them to involve them in making decisions.

Staff understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interest. Staff had received training in the Mental Capacity Act 2005 (MCA) and (DoLS). Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS. At the time of the inspection there were no DoLS authorisations in place. The acting manager had attended a recent briefing session organised by the local authority to discuss changes to the operation of DoLS and how these affected people.

People told us that they liked their meals. A person said, "The food is good." Staff spent time explaining what was available for lunch. Where people did not want what was on the menu an alternative meal was provided. One person said, "I can choose something different if I do not like the meal on offer." People were offered a choice of drinks with their meal.

People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan. The cook explained that they were told about each person's dietary needs. For example, the cook was able to explain the dietary needs of people who had diabetes or were on low fat or high protein diets.

Where necessary we saw that people had been referred to the dietician or speech and language therapist if they were having difficulties swallowing. People's weight was being recorded in their care plans and if needed support with their nutritional needs their fluid and food intake was being monitored.

People told us that they had been able to see their GP when they want. When they asked staff to contact their GP this was done quickly. A person told us, "The doctor comes when you need them." People were able to access the medical care they needed. Care records showed that the service liaised with relevant health professionals such as GP's and district nurses.

Care records showed that the advice from professionals had been included in people's care plans and risk assessments. Professionals told us that the registered manager was proactive in seeking their advice and took

Good

Is the service effective?

action when this was needed. Professionals said that staff were made aware of changes in people's care that resulted from their advice. Care plans showed that they had access to the medical care they needed.

Good

Is the service caring?

Our findings

People told us that they were treated in a caring and respectful manner by staff who involved them in decisions about their care. One person told us, "Staff show me respect and listen to what I tell them." Another person observed that, "Staff are helpful and nice." Staff interacted with people in a friendly and cordial manner and were aware of people's individual needs.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

People were involved in decisions about their care. People were seen to be treated with kindness and compassion. Staff spoke with people in a positive, caring, affectionate and respectful way. For example, at lunch time staff asked people if they wanted a wipe to clean their hands and face. Staff asked permission to do things for people. For example a carer asked a person if they could cut up their food for them and another asked permission to take someone's blood pressure. It was seen that staff knocked on people's doors and asked permission to enter. We observed that staff thanked people for allowing them to do things for them such as putting on an apron. Staff used appropriate physical contact to reassure people such as touching people on the arm or stroking their hand.

People told us that they were treated with "respect". One person told us, "Staff treat you with respect and kindness here." Staff explained what they were going to do before supporting people. They used people's preferred names when talking with them. Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices regarding their care. Care plans recorded people's likes and dislikes regarding their care.

People's bedrooms were personalised according to their wishes. There were family photos, ornaments and pictures. Staff told us that people could choose the colour of their rooms and bed lined that was provided.

People told us that staff encouraged them to maintain relationships with their friends and family. One person said, "My relatives are visiting tomorrow the staff helped to arrange this." We found that people's relatives and those that mattered to them could visit them or go out into the community with them. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views of their care they received.

Good

Is the service responsive?

Our findings

Staff understood how to meet people's needs and responded in line with the needs identified in their care plans. One person said, “Staff are always helpful.” Care plans were in place to address people’s identified needs, and these had been reviewed monthly or more frequently such as when a person’s condition changed, to keep them up to date.

People and their relatives had been involved with their review of care, so any changes could be discussed with them. People said that they had some involvement with planning or discussing their care. Care records showed that they were regularly consulted about their needs and how these were being met.

There was a key worker system in place in the service. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. One person said, “My carer makes sure I have what I need.” We found that the key worker system was effective in ensuring people’s needs were identified and met as staff were able to explain the needs of the people they were supporting and how they did this.

Care records set out people’s preferences such as the time they preferred to get up and go to bed, whether they preferred showers or baths and information about their interests and hobbies. People’s histories were recorded in their care records. Staff demonstrated a good understanding of people’s likes and dislikes and their life histories.

Staff supported people to make decisions about their care through discussion and meeting with the acting manager. Records showed that a monthly resident meeting was planned and people were aware of this meeting.

People could choose to be engaged in meaningful activities that reflected their interests and supported their well-being. A range of activities were provided on all three floors and activity plans were available. We saw that a number of activities took place throughout the day, including dominoes, a music activity, a quiz and a ball game and that there was the plan in place for daily activities. We observed that people who were engaged in activities appeared to find them worthwhile and interesting. People’s care plans included information about life history, cultural and religious heritage, daily activities and communication.

Relatives and people were confident they could raise any concerns they might have and they would be addressed. One person said, “I do not have any complaints but I know if I did the manager would sought it out.” A copy of the complaints procedure was on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the manager and inform the manager about this, so the situation could be addressed promptly. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

Good

Is the service well-led?

Our findings

Staff, people and relatives told us that the service had a management team that was approachable and took action when needed to address issues. The service had an open culture that encouraged good practice.

The registered manager was available and spent time with people who used the service. Staff told us the registered manager was open to any suggestions they made and ensured they were meeting people's needs. Staff were involved in decisions and kept updated of changes in the service and were able to feedback their views and opinions through daily staff handover meetings.

Monthly team meetings were held so that staff were given an opportunity to discuss changes in practice. Minutes of the last meeting showed that topics such as what people wanted to eat and drink were discussed.

People's views were respected and people felt listened to as was evident from conversations that we had with people and those that we observed. People and their relatives were consulted about decisions on how the service should be developed. A survey had been carried out and responses were generally positive regarding how the service listened to people's views and involved them in decisions about their care. The results of this were generally positive; people said that the service responded to their needs.

Staff knew where and how to report accidents and incidents. Accidents and incidents had been reviewed by the registered manager and action taken to make sure that any risks identified were addressed. Accidents reports showed that, where necessary, people had been referred to their GP or the district nurse for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care and competence assessments of staff by the registered manager. These checks were recorded and any issues were addressed with staff in their supervision. There were audits carried out across various aspects of the service, these included the administration of medicines, care planning and training and development. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed.