Cumbria Care

Christian Head

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?	Requires improvement

Overall summary

This unannounced inspection took place on 6th March 2015. We last inspected Christian Head in October 2013. At that inspection we found the service was meeting all the regulations that we assessed.

Christian Head is a residential care home that provides personal care and accommodation for up to 31 people. Accommodation is provided over two floors and within four units, one of which specialises in providing care for people living with dementia. Christian Head is located close to local shops and services in Kirkby Stephen including doctors' surgeries, banks and churches. There is a well maintained secure garden for people living there to use and some car parking available for visitors and staff.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were not safe because there were not sufficient staff on duty at certain times of the day. There had not been any risk assessment or needs analysis done as the basis for deciding staffing levels and deployment to make sure there were always enough staff available to meet the needs of people

Summary of findings

Despite having been reviewed some information in the care plans was contradictory and changes in care had not always been recorded for staff to follow. Care records were not always completed fully on how to support people.

The service was not well managed and the systems used to assess the quality of the service were not effective in identifying where records were not correct.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to maintaining staff levels at all times, care records that were not always completed to provide up to date information for staff to follow and not monitoring the quality of service well enough.

You can see what action we told the provider to take at the back of the full version of the report.

At the time of the inspection there were 28 people living in the home. We spoke with people in their own rooms and with those who were sitting in the communal areas. We were told by people that they were "comfortable" and that staff were "very good" and "Look after us well". People told us that they felt safe living in this home. One person told us, "I am happy living here" and "They (staff) are all nice, they come and help me".

Staff we observed with people living at Christian Head were patient and polite when supporting people who used the service. We observed staff supporting people to eat their meals sensitively and in the way the person wanted. Staff supported people to maintain their dignity and were respectful of their privacy and respected their choices. Activities were on offer at the service and people told us how they were able to go out and access activities in the local community.

People told us they were able to see their friends and families as they wanted and go out into the community with support. The visitors we spoke with told us that staff were "friendly" and "welcoming". People were asked for their views of the home and their comments had been acted on indicating an open and inclusive environment.

The registered provider for the service had good systems in place to ensure staff were only employed if they were suitable and safe to work in a care environment. Staff training needs were planned for.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. The service has worked with external agencies such as social services and district nursing services to provide appropriate care to meet people's different needs.

Medicines were stored safely and records were kept of medicines received and disposed of so all of them could be accounted for.

People knew how they could complain about the service they received and were confident that action would be taken in response to any concerns they raised.

The home was being maintained and we found that all areas were clean and free from lingering unpleasant odours.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

People were placed at risk because there were not always enough staff on the upstairs units to make sure people living there were supervised and supported during shift changes and at handover periods

Staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Medicines were stored safely and records were kept of medicines received and disposed of so all could be accounted for.

Requires improvement

Is the service effective?
The service was effective.

People had a choice of meals, drinks and snacks.

People's rights were being protected because the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were being followed and applied in practice.

The management and staff worked well with other agencies and services to help make sure people received the support they needed to maintain their personal and health care needs

Good

Is the service caring?
The service was caring.

People told us that they were well cared for and we saw that the staff treated people in a kind and friendly way. The staff were patient and discreet when providing support to people and promoted privacy and dignity.

Staff demonstrated good knowledge about the people they were supporting, for example detailed information on their backgrounds, their likes, dislikes and preferred activities.

The staff took time to speak with people and to engage positively with them.

This supported people's wellbeing.

Good

Is the service responsive?
The service was not responsive.

Despite being reviewed some information in the care plans was contradictory and changes in care had not always been recorded for staff to follow.

Where they could people had been involved in saying what care and support wishes they wanted in their care plans.

Requires improvement

Summary of findings

There was a system in place to receive and handle complaints or concerns raised. People knew how they could raise concerns about the service and were confident these would be acted upon.

Is the service well-led?

Requires improvement 

The service was not well-led.

The systems to assess the quality of the service provided in the home were not always being applied effectively. As a result quality auditing was not verifiable and we found there were inconsistencies in some records that had not been picked up using this informal approach.

There was a registered manager employed in the home. The staff were well supported by the registered manager and there were systems in place for staff to discuss their practice and to report concerns.

People who lived in the home and their visitors were asked for their views of the service and their comments were acted on.

Christian Head

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 checked 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 6th March 2015 and was unannounced. The inspection was carried out by an adult social care lead inspector.

During the inspection we spoke with 11 people who lived in the home, two relatives/visitors, five care staff, domestic staff, the supervisor on duty and the registered manager. We observed care and support in communal areas and spoke to people alone and in groups, in private and communal areas. We also spent time looking at records, which included looking at six people's risk assessments and care plans to help us track how their care was being planned and delivered. We also looked at staff rotas, staff training and supervision and records relating to the maintenance and the management of the service and records regarding how quality was being monitored.

As part of the inspection we also looked at medicines and care plans relating to the use of medicines. We looked at their storage, administration and disposal to see if they were handled safely.

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. It is a tool to help us assess the quality of interactions between people who use a service and the staff who support them.

Before our inspection we reviewed the information we held about the service. We also spoke with the local authority and social workers who came into contact with the home to get their views of the home. We looked at the information we held about notifications sent to us about incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the manager had made under Deprivation of Liberty Safeguards (DoLS).

Before the inspection, we asked the provider to complete 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. They provided this information in good time.

Requires improvement

Is the service safe?

Our findings

Everyone we spoke with who lived at Christian Head told us that they felt they were safe and well cared for living at the home. People living there told us, "It's a nice place to live" and another person told us "I feel comfortable here". One person said, "Considering they (staff) are looking after so many people with so many different needs they cover things extremely well and seem to know what they are doing".

We spoke with people's relatives and friends as they visited the home. They told us that they did not have any concerns about the safety or welfare of their relatives/friends. We were told, "I feel sure that they are well looked after, they are always well dressed and always looks cared for". A relative told us, "It's always clean and tidy here and has a cosy feel".

People who could do so told us their views of the home said there were, "usually" enough staff to provide the support they needed, when they needed it. One person told us, "When I use the call bell they come". However, we were also told by people living there that, "I have noticed that staff have been really busy lately, one of them has had to cover two units sometimes". They also told us they knew that some staff had left and there had been some "poorly people" who had needed a lot of time spending with them.

Staff we asked told us there had been some people who had required more care as their conditions had changed and so they had recently been busier.

We found when we visited the two upstairs units, Lune and Charnley, during the afternoon that there were no staff on either of the two units to speak with us. We asked the people living in the units where the staff were and they did not know but said that sometimes they went to help on other units. We asked the supervisor why there were no staff on these two units at this time of day to support people and make sure they were safe. The supervisor explained that staff coming on afternoon shift were in handover in the office at the time. This meant that the two units were unattended by care staff during the handover period. This was because the morning staff had already gone off duty as their shifts had ended. This indicated to us that at certain times of the day staff were not always being deployed to make sure people were kept safe and to meet their needs.

We looked at rotas that showed that in addition to the supervisor there were six care staff on morning shifts and five in the afternoon. We saw there were two care staff during the day on the unit where the people living with dementia lived and one care worker on each of the other three units. Staff told us that usually there was a 'floater' working between the two upstairs units during the morning shift. A 'floater' is a support worker who helps out where needed

There were no tools in use to risk assess and monitor the staffing levels during the day or the effect on staff following changes in people's dependency. Such tools would assist in assessing staffing levels when people's dependency and/or care needs increased or changed.

These examples demonstrated a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not safe because there was not sufficient care staff available at all times to support people living there. There was no evidence of risk assessment or needs analysis as the basis for adjusting staffing levels and deployment to make sure there were always enough staff to supervise each unit and meet the needs of people promptly.

As part of this inspection we looked at medicines records, storage, supplies and care plans relating to the use of medicines. We saw that the supervisory staff administering the medicines had received training to do so. We looked at the handling of medicines liable to misuse, called controlled drugs. These were being stored, administered and recorded correctly. Written individual information was in place about the use of 'when required' medicines to help make sure people only received this when they needed it.

Refrigerator temperatures were monitored and the records showed that medicines requiring refrigeration were stored within the recommended temperature ranges. However temperatures were not monitored in the room where other medicines were stored to help prevent any deterioration of the medicines. We asked the registered manager about this and they began to address this during the inspection.

The supervisor and care staff we spoke with told us about they had received training in recognising and reporting possible abuse. All the staff we spoke with knew the

Requires improvement

Is the service safe?

appropriate action to take if they suspected someone was at risk of abuse. Staff told us they would be "confident" reporting any concerns about poor practice to their supervisor or the registered manager.

We looked at the risk assessments in place for people that identified actual and potential risks and the control measures in place to try to minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. People told us they made choices about their lives. They said the staff in the home advised them about maintaining their safety but did not stop them from following activities or lifestyles which they chose to follow.

The registered provider for the service had good systems in place to ensure staff were only employed if they were suitable and safe to work in a care environment. We looked at the records of three staff that had been recruited before our inspection. We saw that all the checks and information required by law had been obtained before the staff were offered employment in the home.

We looked around the home and saw that all areas were clean and fresh. Records indicated that the mobility equipment in use had been serviced and maintained under contract agreements and that people had been assessed for its safe use. There were records of maintenance checks on safety equipment including fire alarms, fire extinguishers and emergency lighting and records indicated that fire drills took place.

There were contingency plans in place to manage foreseeable emergencies and people had individual emergency plans in place to appropriately support people if the home needed to be evacuated.

Good

Is the service effective?

Our findings

People told us that they enjoyed their meals and that if they asked for something such as more vegetables or salads they could have it. One person told us, "By and large the food is good" and that "They (staff) always try to get you something if you ask".

We used the Short Observational Framework for inspection, (SOFI) to observe how people in the communal and dining areas of the home were supported as they had their midday meal. We saw that lunch was a calm and pleasant time. People who required support with eating received this in a patient and respectful way with staff helping and prompting people with their meals. We saw that people had a choice of food and that staff asked them what they wanted and if they wanted 'second helpings'.

Care staff assisted people who needed some help to eat their meals and there were plenty of hot and cold drinks available on the tables at lunch time and in the lounges throughout the day. As we spent time in different communal areas of the home we saw that the staff communicated well and engaged positively with people and we saw people enjoyed talking with the staff.

All of the care plans we looked at contained a nutritional assessment and a monthly check was kept on people's weight for monitoring. We saw in people's care plans there was information on specific dietary needs such as diabetic diets and soft and pureed meals

People had access to health care professionals to meet their individual health care needs. The care plans and records that we looked at showed that people were being seen by appropriate professionals to help meet their physical and mental health needs. We saw records in the care plans of the involvement of the community mental health team, district nurses and specialist nurses as well as opticians, chiropodists and dental services.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We found that the registered manager had involved an Independent Mental Capacity Advocate (IMCA) to represent the interests of a person who lived in the home. This had been following an assessment of their mental capacity. The role of the Independent Mental Capacity Advocate (IMCA) was to work with and support the person who lacked capacity, and represent their views to those who are working out their best interests.

The training records showed that not all staff had received training on the MCA and DoLS, although all senior staff had done it and demonstrated an awareness of the MCA codes of practice. Staff told us they would take any concerns about decision making for people or restrictions on liberty to the supervisor to take forward.

We looked at the records around staff training and what was required. We saw that new staff had done induction training when they started working at the home. The registered manager had a staff training plan in place that identified the training all staff had done and what some needed to complete to be up to date.

The registered manager had identified that the training updates required for some staff included the important topics of first aid, infection control, moving and handling and safeguarding vulnerable people. The registered manager told us they planned to do this training in house as they had done the 'Train the Trainers' course. The registered manager had requested places on these training courses and was waiting for confirmation that places had been allocated on appropriate courses.

Staff and supervisors we spoke with told us that they thought they had received appropriate training to carry out their work. Care staff confirmed that they received regular supervision from the supervisors and records confirmed this and that staff had received an annual appraisal.

Good

Is the service caring?

Our findings

All the people living in the home and the relatives we spoke with made positive comments about the care and support provided in the home. All of the people living there that we spoke with told us they decided what they wanted in their daily lives and told us that they felt able to tell staff how they wanted to be supported and spend their time.

People told us the staff who supported them knew them well and what they preferred in regard to the care they needed. One person told us, "I have found it excellent and really am very pleased with everything here". We were also told by one person that staff, "Try with a good will all the time". One person told us, "I see the supervisors every day, they give me my tablets, ask how I am. They're always very interested in my safety and cleanliness".

We used the Short Observation Framework for Inspection (SOFI) to assess how people in dining and communal areas were supported by the staff on duty. We saw that the staff on duty approached people with respect and understood their individual needs. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion. We saw that people who could not easily speak with us were comfortable and relaxed around the staff that were supporting them and that staff encouraged them to join in activities.

Some people used items of equipment to maintain their independence. We saw that the staff knew which people needed pieces of equipment to support their independence and provided these when they were needed.

All those we talked with made positive comments about how their privacy and dignity were maintained and how they were involved in their care. We saw that when care staff assisted people with their mobility they made sure that people's clothing was arranged to promote their dignity. This helped to maintain people's dignity and independence. We saw that staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

People told us that the staff asked about their preferences and how they wanted to be supported. We were told that they could see their relatives and friends when and where they wanted. They told us that staff got the doctor when they wanted them and that doctors and district nurses saw them in their bedrooms for medical examination or discussions.

We saw that people who required support with eating received assistance from staff in a patient and respectful way. During our observations we saw that the staff offered people assistance but respected their independence. We saw that staff took the time to speak with people and took up opportunities to interact with them, engage and offer reassurance if needed.

The care staff we spoke with understood the importance of providing good care at the end of a person's life and how they had worked with the district nurses and GP to provide this recently. This was to make sure that a person's expressed wish to stay at the home should their condition deteriorate was achieved for them. We found that 12 of the home's staff had recently done a distance learning course on end of life care to promote good and up to date practice in this important area.

Requires improvement

Is the service responsive?

Our findings

Assessments had been done to identify people's care and support needs following admission and plans had been developed saying how these should be met. We saw that where they could people had been involved in saying what care and support wishes they wanted in their care plans. Some of the people we spoke with told us that they had been included in agreeing to the support they received but we found that some aspects of the service were not responsive to people's needs. This was because staff did not always have accurate information to refer to some care plans about how to support people.

Care plans had been reviewed but that some information in them was missing or not up to date. For example, eye drops had been prescribed to be given three times a day to a person but the medicine administration records showed they were being administered twice a day. We asked the registered manager why the medicines were not being given as prescribed and there was an explanation and heath care professionals had advised this. However was no information in the care plan to reflect or verify why a change to what was prescribed had been made nor had it been clearly recorded on the medicine records. This information relied on verbal communication and information held by the senior staff but not formally recorded.

We saw that information regarding who held Power of Attorney for an individual were not always clearly stated in care plans for staff to see quickly should the need arise. We also found conflicting information on Powers of Attorney on the extent of a person's authority to make decisions on care and welfare on one document and only for finances in their care plan. Formal documents on decisions made on resuscitation were not kept with people's care plans but separately in the office so staff did not have this information with other care planning information. This meant that staff could not always be certain if a person making a decision their relative's behalf had the legal authority to do so.

We saw that hospital passports had not always been fully completed in regard to pressure areas and skin condition. These hold information about a person's care needs should they need to be admitted to hospital.

Daily records for one person indicated that creams were being applied to areas of the body, although what the creams were was not stated. It was not clear from the care plan what cream was to be applied.

These examples demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans did not contain up to date information and detail to ensure that people had their needs met.

People living at Christian Head told us they were able to follow their own faiths and beliefs. They told us that there were multi denominational religious services if they wanted to attend and that they could see their own priests and ministers if they wanted to. One person living there told us, "I am encouraged to go out" and also "I'm encouraged to do what I want". People told us about going out to the Village Hall to attend 'soup and sweets' monthly lunches. These were local community events and gave people the chance to make or maintain outside social contact. This can help enhance people's social wellbeing.

Information on people's preferred social, recreational and religious preferences were recorded in individual care plans. Staff we spoke with were aware of people's recreational preferences. We saw on the unit where people with dementia lived that staff encouraged people to take part in activities they had enjoyed and saw people playing dominos throughout the day. We were told by people that "activities vary" and that "We have films and have had some outings, like Hawes to see the cheese making". People living there told us that that did not have to join in with anything unless they wanted to. We saw that some people did craft activities and could see the items made in the home.

People's health and support needs were stated in their care plans. There was personal background information in people's plans called 'All about me' that was aimed at informing staff and personalising support. Staff we spoke with had a good knowledge of people's backgrounds, families and their lives before they lived there. This helped staff when they communicated with and supported people and they told us it helped them understand particular behaviours.

Requires improvement

Is the service responsive?

People who lived there we spoke with told us they had not felt the need to make a complaint. We were told “I have no complaints” but that they would complain to the supervisor if necessary and would feel comfortable raising anything they were not happy about. We were told “I haven’t seen the procedure but I am asked for my comments and any complaints at our meetings”.

The service had a complaints procedure in the home and information in their Statement of Purpose that was available in the foyer of the home for people living there and visitors to refer to. There had not been any been any recent complaints received by the registered manager. We saw that there was a system in place to record and respond to any complaints raised.

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Requires improvement

Is the service well-led?

Our findings

There were systems to assess the quality of the service provided in the home but we found that these had not always being put into practice effectively and followed up formally. Audits of care plans and medication records were not being formally recorded so that service provision and quality could be monitored. The registered manager told us they checked these and followed up any errors and inconsistencies with staff individually but did not record it. Therefore there were no records to indicate how any shortfalls had been followed up with staff or what lessons had been learned.

This approach to quality auditing was not verifiable and we found there were inconsistencies in some records that had not been picked up using this informal approach. We found that the processes used to assess the quality of the service had not ensured that people's care plans always had up to date information on the care they needed or that their rights were protected.

These examples demonstrated a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 201. This was because the systems used to assess the quality of the service people received had not identified where improvement had been required.

People who lived in the home told us that they were asked for their views about the service. One person told us, "I go to the meetings and speak up. They (staff) have always tried to do what we ask". We also saw that people had been asked to complete surveys to give their feedback about the home and about the meals provided.

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). We saw during our inspection that the supervisors and the registered manager were accessible and spent time with the people who lived in the home and engaging in a positive and open way with them. All the staff we spoke with told us that they had staff meetings, formal supervision and felt they were supported in their work. This supervision helped to make sure that staff had the opportunity to raise any concerns and to discuss their performance and development needs as they needed in the workplace.

All the staff we spoke with told us that they were supported in their work and had access to the training they needed. Staff told us they had meetings with their supervisors to discuss practices, share ideas and any areas for development and that supervisors were always on duty with them. This helped to make sure that staff had the opportunity to raise any concerns and to discuss their performance and development needs as they needed in the workplace. Staff we spoke with told us that they "enjoyed" their work and that the home was "a good place to work".

Maintenance checks were being done regularly by staff and records kept. Faults had been highlighted and acted upon. There were cleaning records to help make sure the premises and equipment were clean and safe to use.

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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	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: People were not always safe because there were not at all times sufficient staff available to support people living there. There were no tools being used to ensure there were always enough staff to supervise each unit and meet the needs of people promptly. Regulation 18 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: People were not being protected against the risks of receiving inappropriate or unsafe care because care planning was not always complete or up to date. Regulation 9 (3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider had not ensured that the systems used to monitor the quality of the service were effective. Regulation 17.