

Platinum Health Resources Limited

St Christopher's House

Inspection report

6 Mays Lane
Barnet
Hertfordshire
EN5 2EE

Tel: 02083648085
Website: www.platinumhealthcare.co.uk

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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 ●

Summary of findings

Overall summary

About the service

St Christopher's House is a residential care home providing accommodation and personal care to four people living with mental health conditions at the time of the inspection. St Christopher's House can accommodate up to six people in one adapted building.

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

People told us they felt safe living at St Christopher's House. Staff knew how to identify any signs of possible abuse and the steps they would take to report their concerns to protect people.

People were supported to be as independent as possible. We observed people had established positive and caring relationships with all staff which were based on trust and respect.

Care plans detailed people's individual risks associated with their health and care needs and gave directions and guidance to staff on how to support people to minimise the known risks and keep people safe.

Processes in place to support medicines management and administration ensure people received their medicines safely and as prescribed.

There were enough staff available to support people safely. Recruitment processes in place enabled the registered manager to only recruit only those staff that had been assessed as safe to work with vulnerable adults.

Staff received appropriate training, support and further development to be able to carry out their role and support people effectively.

People were supported to access a variety of health and social care professionals where required to promote their health and wellbeing.

People were supported to maintain a healthy lifestyle. People had access to drinks and snacks of their choice and were encouraged to prepare meals of their choice on a daily basis.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were able involved in and able to make decisions about how they wished to be supported and the things they wanted to do on a day to day basis.

Care plans were detailed and person centred listing people's wishes and preferences on how they wanted to

be supported.

Processes were in place and on display on how to complain. People knew who to speak with if they had any concerns.

People knew the registered manager and we observed people throughout the inspection approach them with confidence. The registered manager and staff made themselves available for people at all times.

Management oversight processes in place enabled the registered manager to monitor the quality of care people received. However, these checks and audits were not always formally recorded.

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

Rating at last inspection

The last rating for this service was good (published 21 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

St Christopher's 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

St Christopher's House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications about the safety and well-being of people who used the service. We also reviewed information, the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with three people using the service about their experience of the care provided. We also observed interactions between people and care staff. We spoke with the nominated individual, the registered manager and one support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at four care records and medicines administration records and medicine supplies for three people who used the service. We also looked at the personnel and training files of two support staff. Other documents that we looked at relating to people's care included risk assessments, staff meeting minutes, handover notes, quality audits and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a further support staff member. We looked at training data 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from possible abuse. The registered manager understood their responsibilities around identifying and reporting all concerns to the relevant authorities.
- People told us they felt safe living at St Christopher's House. We asked one person if they felt safe living at St Christopher's House and they replied, "Safe, yeah."
- Support staff described how they would identify possible signs of abuse and the actions they would take to report their concerns.
- Staff knew how to whistle-blow and listed the local authority and the Care Quality Commission as organisations they would report concerns to.

Assessing risk, safety monitoring and management

- The service had systems in place to assess risks and ensure people were supported to be safe and free from avoidable harm.
- Care plans contained risk assessments which assessed risks associated with people's health, care and social care needs. Assessed risks included self neglect, non-compliance with medication, financial exploitation and sexualised behaviours.
- Risk assessments provided staff with guidance and direction on how to minimise people's identified risks and keep them safe from avoidable harm.
- Risk assessments were reviewed annually or sooner where identified risks had changed.
- Monthly house checks and audits were in place which included fire safety and management to ensure people's safety from the risk of harm.

Staffing and recruitment

- We observed there to be sufficient numbers of staff available at all times to support people safely. Where additional staff were required to accompany people to appointments or meetings, this was arranged.
- The provider had policies and procedures in place to ensure all staff recruited were verified and assessed as safe to work with vulnerable people.
- Pre-employment checks completed included checking the Disclosing and Barring Service for any criminal convictions, conduct in previous employment and proof of identification.

Using medicines safely

- People received their medicines on time and as prescribed. Systems and processes in place supported this.
- Medicines were stored securely. Medicine administration records were complete and no gaps in recording

were identified.

- However, we did find that where people had been prescribed 'as and when required' (PRN) medicines, a PRN protocol had not been compiled to give staff guidance on how and when those medicines should be administered. 'As and when required' medicines are medicines that can be given for things like pain relief and to help anxiety. The registered manager explained that people living at St Christopher's House were able to tell them when they required pain relief. Following the inspection, the registered manager sent to us copies of completed PRN protocols.
- Support staff received appropriate medicine administration training and were observed whilst administering medicines to ensure that they were competent to do so. However, the competency assessments were not formally recorded. The registered manager confirmed that these would be recorded going forward.
- Daily and weekly medicine checks were completed to ensure people received their medicines safely and as prescribed. However, these were also not formally recorded. Following the inspection, the registered manager set up a formalised process to record completed audits.

Preventing and controlling infection

- Processes in place helped prevent and control the spread of infection.
- We found that all areas of the home were clean and free from malodours. People were supported, where possible, to be involved in cleaning and housekeeping of their own bedroom and communal areas.
- Staff had received infection control training. Support staff had access to personal protective equipment to prevent and control the spread of infection.

Learning lessons when things go wrong

- All incidents and accidents had been documented with details of the nature of the accident and actions taken.
- The registered manager and staff team together ensured that all accidents and incidents that occurred within the service were reviewed and analysed so that learning and further development could be implemented.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission to St Christopher's House so that the service could confirm whether they were able to effectively meet their needs and choices in line with standards, guidance and the law.
- The registered manager explained the pre-admission process which involved collating information about people, their support needs, how they wished to be supported and their likes and dislikes. The needs of the people already living at the service were also taken into account including how any new admissions would impact on their routine and well-being.
- People, relatives and health and social care professionals were involved in the pre-admission assessment process. Records confirmed this.
- A comprehensive care plan was compiled based on all the information gathered as part of the assessment process. Care plans were reviewed regularly to ensure people continued to receive the appropriate level of care and support.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training to carry out their role effectively. During the inspection we observed staff demonstrate skills and strategies to support people with a person-centred approach.
- Staff told us and records confirmed that they received a comprehensive induction prior to starting work at the service followed by training and updates in a variety of topics associated with their role.
- Staff also had access to regular training to refresh and update their knowledge.
- In addition to training, staff were regularly supported through supervision and annual appraisals where they were able to discuss their performance, issues they were facing and further development opportunities. One staff member told us, "Supervision and appraisal is helpful. It makes you feel that you are being valued and supported. We also discuss training and development."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink and encouraged to maintain a healthy and balanced diet at all times.
- We observed people to be very independent in this regard. Weekly menu meetings enabled people living at St Christopher's House to choose and plan the menu for the forthcoming week.
- People were then allocated one day a week where they were responsible for cooking the evening meal. This involved checking to see if the required ingredients were available, compiling a shopping list, going shopping for the required items and then cooking the meal. One person told us, "Meals are pretty good here."

We all are good cooks. We have a menu meeting and we tell each other what we want."

- We were told that people and staff would sit together and enjoy the evening meal that had been cooked. We saw that on the day of the inspection, the meal prepared looked and smelt appetising.
- People were very independent and were able to access the kitchen area as and when they wished to access food and drink.
- Where people had any specific religious, cultural or specialist dietary requirements including likes and dislikes, these were clearly documented within their care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported and encouraged to independently work in partnership with other agencies as well as access health care service to maintain their health and well-being. Where support was required staff were available to assist.
- People independently accessed GP services, collected their own prescriptions and attended specialist appointments to manage their own medical needs.
- Where people required support to access specialist services we saw records of referrals that had been made to the GP requesting this. The registered manager told us, "We work very well with the multi-disciplinary team, they know us well, we watch out for people, spot any signs of decline and we contact the relevant professional."
- When required, appropriate staffing arrangements were available to support people to an appointment or visit. Each visit or appointment was recorded with information about the visit and any actions or outcomes from the visit which required follow up.
- Staff maintained regular logs of people's health and wellbeing, participation in activities, weight and behaviour charts so that they could work together to ensure people received effective care and support.
- People were encouraged to maintain their oral hygiene and supported to access the dentist on a regular basis. Care plans detailed the person's support needs in this area.

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

- St Christopher's House was clean and well maintained. People were encouraged to maintain their bedrooms, communal areas and keep the home clean. A cleaning rota was in place so that people took it in turns to clean. Staff supported where required.
- People had decorated and personalised their own bedrooms as per their choice.

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. People currently living at St Christopher's House were not being deprived of their liberty.

- People supported by the service had capacity and had been fully consulted and involved with the care planning and delivery process. People had signed their care plans to confirm this.

- People did not have any form of restrictions in place and freely lived their life as they wished. People were able to access the community independently. Where there were any risks with people accessing the community, a risk assessment was in place.
- The registered manager and support staff demonstrated a good understanding of the MCA and how people were to be supported in line with the key principles of The Act.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people to be well treated and supported in a way which was responsive to their needs and wishes.
- People told us that staff were kind, caring and listened to them. One person told us that staff were, "Very caring."
- People's diverse needs were known to staff and staff supported people accordingly. One staff member told us, "I treat everyone equally."
- We observed people approaching staff with confidence and had built relationships with them and other people living at the home which were based on mutual trust and respect.

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

- People were involved in making decisions about each and every aspect of their care needs, daily living activities and welfare. We observed staff always asking people about what they wanted to do and achieve in their life and guided them to do this.
- Staff knew people really well and demonstrated an awareness of people and their needs taking into account their likes, dislikes, preferences, personalities and behavioural traits. This enabled them to support people appropriately and promote their positive well-being.
- People were encouraged to engage with the service and the way in which the home was managed. Monthly residents meeting held, involved people in discussing topics such as food storage, condition of furniture within the home, staffing, CQC inspection and activities.
- In addition people were also involved in weekly menu planning meetings, maintaining the cleanliness of the home and meal preparation.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was always respected and upheld. People confirmed that staff always knocked on their bedroom door before entering.
- Support staff spoke to people with respect and supported people sensitively where specific support was required.
- The service's primary focus was to promote people's independent to the point where people could be supported to transition to an independent or supported living environment. During the inspection we observed people being supported to be independent with medicine administration, managing the ordering of their medicines and collection from the pharmacy, cooking, cleaning, shopping, managing finances, accessing the community and volunteering.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was personalised and responsive to their needs. People had control and choice over how they were supported in every area of their daily life activities and how they wanted to live their life.
- Care plans were person centred and comprehensive detailing people's needs, the support they require, their life and background history, goals and aspirations, likes and dislikes and how they wished to be supported.
- Care plans were reviewed monthly or sooner in response to people's changing needs.
- People were involved in the care planning and review process and had signed the care plan confirming their involvement. Where health and social care professionals were involved we saw records of reviews and visits detailing their involvement.
- Where people had identified behaviours or behaviours that challenged, care plans clearly defined the behaviours they may present with, early signs to look for and strategies for staff to use to de-escalate the situation and bring the person back into positive well-being.
- As part of the review process, people were asked to complete a self-assessment on how they viewed their own care needs and progress. The assessment asked people to think about their self-esteem, activities, health, relationships, employment and education and then set achievable goals for them to pursue. This was reviewed and updated every month.
- People were allocated a key worker with whom they sat with on a weekly basis to review their daily support and health needs and daily living activities. Where issues or concern were noted actions were recorded on how the person was to address these. A key worker is someone who takes responsibility for the development of the person's support plan, exploring with the person access to wider health and social care service as well as accessing further opportunities and activities for them.

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.

- Support staff knew of people's individual communication needs and adapted their styles and methods to ensure people were able to comfortably and clearly express themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships as well as access the community and be involved in activities, work and volunteering opportunities to avoid social isolation.
- People told us that they participated in activities of their choice which including daily living activities such as cooking, cleaning, shopping and laundry as well as outings, eating out, meditation, yoga, playing a musical instrument, going for walks and arts and craft.
- Some people regularly volunteered at a local charity shop and a local hospice.
- Care plans recorded people's relationship status and their views on relationships they would like to establish going forward. Some people living at the home were in relationships which staff were aware of and ensured that the person was appropriately supported to maintain their relationship. One person proudly showed us the gifts their partner had given them for their birthday.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they had any complaints or concerns to raise.
- The service recorded each complaint received, with details of the investigation and actions taken as a response to the complaint. Where areas for improvement were identified these had been acted upon.

End of life care and support

- The service did not routinely support people with end of life care.
- However, the service worked pro-actively to get people to think about and express their choices and wishes around the care they would like to receive if and when they reached that stage of their life. Where people had expressed their wishes, these were recorded within their care plans.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People knew the registered manager well. During the inspection we observed people approach the registered manager and other staff members with their concerns and issues at anytime. The registered manager and staff made themselves available each time.
- The service supported and empowered people to live as an independent life as possible and achieve positive outcomes with the focus being to transition people independent living going forward.
- Support staff also spoke positively of the registered manager and the nominated individual and told us that they were open, transparent and always available to help. One staff member told us, "Good company, very fair manager, very fair, she needs to tell you something she will tell you. Can't fault the provider, he comes and sees the residents, responds to problems."

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; Continuous learning and improving care

- The provider and registered manager understood their responsibilities around duty of candour and followed appropriate processes to ensure they were open and honest with people when something had gone wrong or where issues and concerns had been identified. Complaints and safeguarding records confirmed this.
- Where required, the registered manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.
- The registered manager explained that learning and improving the quality of care was an important aspect of the management of the service. Team meetings was one method by which continuous learning and development of the service was discussed. One staff member told us, "We are always talking about what we need to improve and what we are not doing well. We are learning all the time."
- Throughout the inspection we gave feedback to the registered manager, which was received positively, and clarification was sought where necessary. The service demonstrated a willingness to learn and reflect to improve the service people received.

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

- There was a clear management structure in place which was understood by all staff. The registered manager and all staff understood their roles and the importance of managing risk and meeting regulatory

requirements.

- The registered manager and provider carried out regular audits and checks to monitor the quality of care people received.
- However, the registered manager confirmed that some of the checks and audits completed and issues identified were not formally recorded with details of actions taken. Following the inspection, the registered manager sent us evidence of systems put in place to formally record checks and audits.
- Checks carried out looked at building and maintenance, medicines management and administration and care plans. Where issues were identified these were addressed immediately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were fully involved in the planning of their care and how they wished to be supported. The service supported this through regular review and one to one meetings with people and involved health and social care professionals.
- People were also encouraged to engage in giving their feedback about the service they received along with ideas and suggestions for improvements and new initiatives.
- Monthly house meetings enabled people living at St Christopher's House to come together and discuss topics such as house maintenance, food storage and preparation, cleanliness and staffing.
- People were also asked to complete annual satisfaction surveys, giving them the opportunity to give feedback about the quality of care they received and make any suggestions for improvement. Feedback from the last satisfaction survey had been positive.
- Regular staff meetings also gave the staff team an opportunity to contribute to the running of the service where they were able to give their ideas and suggestions as well as reflect and share practices.
- People were encouraged to be involved with and maintain relationships in the community. The registered manager and staff supported this. The registered manager told us that people had established positive relationships with members and businesses within the community which included local charity shops where people worked, local cafes, pubs and supermarkets.
- The service also worked in close partnerships with a variety of health and social care professionals which included the local authority quality team, social workers, mental health services and GP's.