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St Christopher's Residential Home

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?	Good
Is the service well-led?	Requires Improvement

Overall summary

We inspected St Christopher's Residential Home on the 13 January 2015. St Christopher's Residential Home is a small residential home in a quiet area of Hove. The home can provide care and support for up to 16 older people. On the day of the inspection 15 people were living at the home. The age range of people living at the home varied from 60 – 101 years old. The provider provided care and support to people living with diabetes, Parkinson's, epilepsy, risk of falls and long term healthcare needs.

The home is centrally located in Hove with good public transport links to the city centre, which enabled people to go out and about independently. Bars and local shops were nearby and the seafront was a short walk away. Many people living at the home have lived there for many years. The provider also has good retention of staff with some staff members having worked at the home for over 16 years. Throughout the inspection, people, relatives and staff spoke highly of the registered manager and provider.

A registered manager was in post who was also a co-owner of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 received medicines on time and staff had received medicine administration training. However, medicines were not always stored in line with best practice guidelines and the recording of medicines into the home was not always clear. We have asked the provider to make improvements in this area.

Systems were not in place to analyse, monitor or review the quality of the service provided. The provider was not completing formal audits and there were no mechanisms to assess the standards of care. We have asked the provider to make improvements in this area.

Feedback was regularly sought from people, relatives and staff. 'Residents' and staff meetings were held on a regular basis which provided a forum for people to raise concerns and discuss ideas. Monthly newsletters were sent to staff and staff received on-going professional development.

There were systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern.

People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff were responsive when people needed assistance and interacted with people in a friendly manner. People's health and wellbeing was continually monitored and the registered manager regularly liaised with healthcare professionals for advice and guidance.

The provider and registered manager were committed to delivering care that was centred on the need of the individual and was personal to them. People's privacy and dignity was respected and upheld. Staff were seen smiling and laughing with people and joining in activities in the home. From observing staff interact with people, it was clear staff had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building friendships with them.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

St Christopher's Residential Home was not consistently safe. Medicines were not stored in line with best practice guidelines and systems were not in place for the receipt of medicines into the home.

People were enabled to live autonomous independent lives. However, where people went out and about independently, risk assessments were not in place to minimise any potential risk and provide guidance to staff.

People told us they felt safe living at the home. Staff were aware of how to protect people from abuse and how to report any concerns. Staffing levels were sufficient and recruitment records demonstrated there were systems in place to ensure staff were suitable to work with adults at risk.

Is the service effective?

Good

St Christopher's Residential Home was effectively meeting people's needs. People were provided with a choice of food and refreshments and were given support to eat and drink where this was needed.

Arrangements were in place to request health, social and medical support to help keep people well. People received support from staff who had received on-going training and professional development to make sure they had the skills and knowledge to provide effective care.

Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated an understanding of the legal requirements.

Is the service caring?

Good

St Christopher's Residential Home was caring. People were complimentary about the care and spoke positively about staff members.

Care was delivered in a professional, caring and kind manner. Staff understood the principles of dignity and respect and people confirmed they received care that upheld their privacy.

St Christopher's Residential Home was committed to providing excellent end of life care for people who did not wish to transfer to a nursing home.

Is the service responsive?

Good

St Christopher's Residential Home was responsive. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

There were opportunities for involvement in regular activities. People were involved in discussions and decisions about the activities they would prefer, which helped make sure activities were tailored to each person.

Summary of findings

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

Requires Improvement

St Christopher's Residential Home was not consistently well-led. There was not a robust system in place for monitoring, evaluating and assessing the quality of care and the home's statement of purpose required updating.

People spoke highly of the provider and registered manager. Feedback was regularly sought from people, relatives and visiting healthcare professionals to help drive improvement. Systems were in place to involve staff and people in the running of the home.

St Christopher's Residential Home

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 home, and to provide a rating for the home under the Care Act 2014.

We visited the home on the 13 January 2015. This was an unannounced inspection. The inspection team consisted of two inspectors and an Expert by Experience who had experience of older people's residential care homes. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with five people who lived at the home, four visiting relatives, three care staff, the chef, the registered manager and the provider.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home. St Christopher's Residential Home was last inspected in January 2014, no concerns were identified.

We spent time observing how staff interacted with people and spoke with people at length. During the inspection we reviewed the records of the home. These included staff training records and policies and procedures. We looked at five care plans and relevant risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at St Christopher's Residential Home. This is when we looked at their care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at St Christopher's residential home. Visiting relatives commented they felt confident they were leaving their loved ones in a safe and secure environment. Although people told us they felt safe, we found areas of practice which were not safe.

Some prescription medicines known as controlled drugs (CDs) have legal requirements for their storage, administration, records and disposal. CDs were not stored in line with good practice guidelines as set out by the National Institute for Health and Care Excellence. As per good practice guidelines, CDs should be stored separately in a CD cupboard which meets the requirements of legislation. The provider was storing CDs along with other medicines in the same cupboard. Therefore access to CDs was always available when getting other medicines and could be subject to misuse. We have identified this as an area of practice that requires improvement.

Medicines were ordered in a timely fashion from the local pharmacy. However, systems were not in place to record when medicines arrived on the premises. For example, when CDs or loose medicines such as pain relief were delivered from the pharmacy. Staff members signed the communication diary to confirm a delivery had been received. However, documentation failed to record the amount of medicines received on that day, such as 100 tablets of 500mg paracetamol. Therefore, the provider had no system to record the quantities of when they arrived onto the premises and the stock level of medicines when they received them from the pharmacy. We have identified this as an area of practice that requires improvement.

Despite the above concerns, people told us they received their medicines on time. Some people were enabled and supported to manage their own medicines. This promoted people to remain independent. Medication Administration Records (MAR) charts reflected that medicines were administered appropriately and on time. MAR charts are a document to record when people receive their medicines. Recordings were clear and accurate and confirmed medicines were disposed of correctly.

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. People were seen coming and going from the home. The registered manager told us, "Many of our 'residents' go out and about, go for walks or go and see loved ones in nearby care homes." Staff members understood the importance of promoting people to live independent autonomous lives. One visiting relative told us, "There are no restrictions on how people live their lives here."

Risk assessments were in place to enable people to take part in activities with minimum risk to themselves and others. Risk assessments included slips, trips and falls, medication, pressure sores, stairs and falling out of bed. Each risk assessment considered the level of risk, such as whether it was high, medium or low, along with the actions required to reduce the risk. However, where people went out and about independently, formal risk assessments were not in place. One person had made it very clear that they wished to go out walking alone without staff supervision, despite being at high risk of falling. Staff members could clearly tell us the measures required which enabled this person to go out safely, such as ensuring their phone was charged, they were wearing appropriate clothing and shoes. Systems were also in place to ensure staff knew when people were going out and where. The risks to people's safety had been assessed, but were not formally documented. Therefore, there was a lack of guidance available for staff to ensure continuity of care when people went out and about independently. We have identified this as an area of practice that requires improvement.

There were processes in place to protect people from abuse and keep them free from harm, as far as possible. Staff members were knowledgeable in recognising signs of abuse and the related reporting procedures. Staff confirmed they had received safeguarding training and this was supported by training schedules.

There were enough skilled and experienced staff that contributed to the safety of people. A team of three care staff, a cleaner and chef were available throughout the morning and afternoon. During the night, a waking member of staff was available. The registered manager and provider were available at the home throughout the week and provided on-call support at weekends and during the night. The registered manager told us, "We assess our staffing levels on a day to day basis. We work on a need to care basis." We were informed of one example where

Requires Improvement

Is the service safe?

staffing levels were increased at night as the home was supporting a variety of people with complex healthcare needs. Staffing levels were based on individual need ensuring people received care that was personal to them.

People we spoke with confirmed they felt the home was sufficiently staffed. One person told us, “There are enough staff who know what they are doing.” Visiting relatives also told us they felt the home had enough staff to meet the needs of people. Call bells were answered promptly and people’s requests for assistance were answered in a timely manner by staff. There were enough staff to provide the care and support people required safely.

Effective systems were used to make sure staff were only employed if they were suitable and safe to work in a care environment. Staff recruitment records confirmed the provider had undertaken all checks, such as Disclosure and Barring Service and obtained all relevant information. This included references, application form and offer of employment.

St Christopher’s Residential Home was clean, homely and well maintained. There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. The provider was responsible for the overall maintenance of the home. The home had a rolling programme of maintenance works. This included new laminate flooring throughout the home and the installation of a wet room. In the event of an emergency, the provider had an agreement with a local care home that people could be evacuated there for safety.

Good

Is the service effective?

Our findings

People received care that was effective and met their needs. People told us they enjoyed living at St Christopher's Residential Home and felt they were well looked after.

Staff commented they felt sufficiently trained and spoke positively of their training opportunities. Training records confirmed staff received training that was essential in meeting the needs of older people. Training subjects included dementia awareness and end of life care. Staff regularly attended training provided by the local council and through distance learning. The registered manager told us, "If my staff are doing training, I will do it too. This then allows us to all sit together, discuss the training and embed it into practice." A number of staff had attained a National Vocational Qualification (NVQ) in care and other staff commented on how they had started their NVQ level 3.The registered manager was committed to staff's on-going professional development and recognised the importance NVQ's can bring to the work place.

New staff had an induction period where they worked alongside more experienced staff and completed an induction handbook. This meant new staff members were provided with the basic training and knowledge to provide people with appropriate support. Throughout staff's employment with the provider, on-going support and professional development was promoted. Staff received a yearly appraisal and ad hoc supervisions. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Although staff did not receive regular supervisions, they found the forums of staff meetings and handovers helpful and provided them with the opportunity to raise any concerns or discuss practice issues. Staff throughout the inspection commented on how they felt supported and valued as an employee.

People were supported to maintain good health and received on-going healthcare support. The provider and staff members understood the importance of ensuring people had regular healthcare checks ups and attending GP or hospital appointments. The registered manager told us, "We have an excellent rapport with the local healthcare centre and most of our residents are registered with the same GP." The provider worked in partnership with district nurses, the older people's mental health team and the falls prevention team. Throughout the inspection and from talking to staff and the registered manager, it was clear that they understood the ageing process and how managing and responding to older people's healthcare needs was required in promoting and enabling people to live fulfilling and healthy lives.

Staff monitored people's health and well-being. One staff member told us, "People can become unwell so quickly, we therefore monitor for changes in behaviour and signs and symptoms should they be unwell." Each person had a monitoring diary where staff members could record any advice or guidance from visiting healthcare professionals. The home provided care and support to a variety of people living with diabetes. Most people managed their diabetes through medication or diet. Staff and the provider had a good understanding of people's blood sugar levels to monitor for signs and symptoms of high or low blood sugar levels. Some people had chosen not to follow a diabetic diet. The registered manager told us, "Where people don't follow a diabetic diet, we monitor them and ensure they don't miss out on the foods they enjoy, but may affect their blood sugar levels." On the day of the inspection, homemade chocolate cake was available. People who were diabetic choose to have a smaller portion, ensuring they didn't miss out, but also not causing their blood sugar levels to rise unacceptably.

People were complimentary about the food and drink offered. One person told us they thought the food was good, they got a choice and staff would make them something else if they didn't like it.

People were involved in making their own decisions about the food they ate. People were asked each day what they would like for breakfast and supper. The daily menu was displayed in the dining area informing people of the choices on offer. The chef had a list of people's likes and dislikes available in the kitchen and the provider regularly encouraged people to comment on the meal choices available and what they liked.

We spent time observing lunchtime in the communal dining area. Everyone came to lunch and dined at tables that had been set by care staff. The cutlery and crockery were of a good standard, and condiments and napkins were available. The meal time was unrushed and people were assisted by staff in an unhurried and dignified manner.

Good

Is the service effective?

Staff members understood the importance of monitoring people's food and fluid intake and monitored for any signs of dehydration or weight loss. People were weighed on a monthly or daily basis. Where people experienced weight loss or weight gain, the provider took responsive action. Input was from regularly sought from the dietician, speech and language therapists and heart failure nurses. Concerns had arisen regarding one person's weight. The provider was clearly monitoring their weight on a regular basis as, if there weight increased above a certain amount, this would have certain implications on their health and well-being.

Training schedules confirmed staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 sets out how to support people who do not have capacity to make a specific decision. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim 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. Staff members understood the importance of gaining consent from people before delivering care and respecting people's decisions if they refused, declined or made unwise decisions (decision that may place them at risk). One staff member told us, "We don't force people to make decision they don't want to."

The provider and registered manager recognised that people needed to be enabled to make specific decisions and to uphold those decisions. The registered manager told us, "Families can sometimes say, don't do this or don't do that. Well if the person has capacity to make those decisions, we respect the decisions they make." On the day of our inspection, no one was subject to a DoLS. However, policies were in place in the event an application needed to be submitted.

Good

Is the service caring?

Our findings

Everyone we spoke with spoke highly of St Christopher's Residential home. One person told us, "The staff are caring, they treat me with respect, it's like a hotel." One visiting relative commented they praised the care staff as 10 stars with the quality of care being excellent.

There was a calm and relaxing atmosphere in the home. People could come and go as they pleased and were encouraged to treat the home as their own. We saw people folding laundry and dusting. This provided an opportunity for people to feel valued and be involved in the running of the home. The registered manager told us, "We want people to continue doing things they would be if they lived at home, to help them feel valued."

Staff were highly motivated, passionate and caring and were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity and wellbeing. For example, the provider and registered manager expressed a strong commitment to provide end of life care which allowed people to pass away in a private and dignified manner. The registered manager told us, "We are only a residential care home, but my staff receive training in end of life care and many of our residents have lived with us for over 10 years. They express to us they don't want to move on and want to remain here." Where an individual's healthcare needs deteriorated, staff and the provider, along with the multi-disciplinary team (nurses, doctors and end of life care team) would all meet together to discuss how the person could remain at St Christopher's Residential Home and the level of support required. Therefore, enabling staff members to respect the person's wishes and provide care in a dignified and caring manner.

The home had a stable staff team, the majority of whom had worked at the home for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. It was clear staff had gained an understanding of people's likes, dislikes, personality traits and history. We spent time talking to staff who gave a good account of, and showed understanding of the varying needs of the different people we discussed with them. Staff also knew what was important to people and what they should be mindful of when providing their care and support. The provider and registered manager had also spent a great deal of time getting to know everyone. From observing staff interactions with people, it was clear people were happy to spend time in the company of staff and people responded to staff with smiles.

People told us that staff were caring and respected their privacy and dignity. Staff had a clear understanding of the principles of privacy and dignity. One staff member told us, "I put a towel on one gentleman, and I turn my back." Another staff member told us, "I always keep the curtains shut and the door closed." During the inspection, staff were respectful when talking with people calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. The provider and registered manager recognised the importance of promoting people's dignity. A dignity 'champion' was in post who provided information, guidance and advice to staff members and people on how to promote and improve dignity and privacy at St Christopher's Residential Home.

People's personal appearance was maintained and respected by staff. People were dressed in the clothes they preferred and in the way they wanted. The home had a hairdresser who visited on a regular basis. On the day of the inspection, we observed people having their hair cut and set and thoroughly enjoyed the experience. Where required, women were supported to wear make-up and men assisted with shaving if needed.

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People commented they felt able to approach the provider, registered manager or staff members with any questions or queries regarding their care. The home had recently appointed a 'resident's representative'. A picture was displayed on the noticeboard ensuring everyone knew the appointed representative. This provided people with an appointed person to go to and discuss any queries or suggest ideas to raise at resident meetings.

Resident's meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. The minutes from the last resident meeting in December 2014 confirmed activities, food, environment and community were discussed. Following each meetings, action points were identified and

Good

Is the service caring?

taken forward. For example, people had requested more salmon to be available on the menu. On the day of the inspection, salmon was served for lunch and people commented that it was regularly offered at meal times.

Staff members and the provider recognised how older people could be vulnerable to loneliness or social isolation. The registered manager had an arrangement whereby people could visit the home on a daily basis and spend the day there. Interacting with staff, other people and reducing the risk of social isolation.

Good

Is the service responsive?

Our findings

People told us they received care, support and treatment when they required it. People and visiting relatives said staff listened to them and were responsive to their needs.

Each person had their own care plan. We saw that each person's needs had been assessed before they were offered accommodation at the home. The registered manager told us, "Myself and the provider will go and meet with potential new people. We will then discuss the assessment and the needs of the person with staff to involve them, so that when the person moves in, staff have an awareness of who they are and their care needs." Following, the pre-assessment, people's physical health, mental health and social care needs were assessed and care plans were developed to meet those needs. Care plans included information on the person's next of kin, medical background, dietary and health needs. Information was readily available on people's religious and cultural needs. Where people required support to continue practicing their religion, the provider supported them to attend local services or arranged for ministers, reverends or priests to visit the home. On the day of the inspection, Holy Communion was taking place.

Each care plan covered different aspects of the person's life, for example personal care, mobility and dexterity and communication needs. Information was available on the area of need and the measures required to meet that area of need. For example, one person had a diagnosis of epilepsy. Information was readily available in their care plan on the triggers or signs of possible seizures, and the actions for staff to take if they did experience an epileptic seizure. Staff members commented they found care plans were sufficiently detailed and provided them with the information to provide safe, effective and responsive care.

Where people had a formal diagnosis of epilepsy, Parkinson's or other healthcare related illness, the individual's care plan considered the impact of the diagnosis and how it may affect their well-being and quality of life. For example, one person had been diagnosed with an early onset neurological condition. Their care plan explored the condition and provided guidance on how staff could provide practical and emotional support. Therefore promoting the persons wellbeing and ensuring staff members were responsive to their individual care needs.

People's individual needs were understood by staff and staff were responsive to people's varying needs. One person was experiencing high levels of falls. The registered manager had alerted the falls prevention team, additional falls equipment had been sought, such as a sensor mat and staff provided supervision when the person was walking to minimise the risk of further harm. Staff were also kept aware of any changes in people's needs on a daily basis. This was supported by systems of daily records which were filled out and contained information about each person's day and what they had done. There were also verbal handovers between staff shifts. Staff told us there was good communication within the home.

People spoke positively about the opportunities for social engagement and stimulation. One person told us, "We have quizzes, exercises and activities." People were actively encouraged and supported with their hobbies and interests. The registered manager told us, "We always ask people what they want to do or what activities are important to them. We want people to enjoy activities which are meaningful to them." Singers and musicians visited the home on a regular basis. An activities coordinator was employed who worked two days a week and exercise classes were available throughout the week. Each afternoon, staff members did a daily quiz, bingo, played dominoes and other board games. On the day of the inspection, the registered manager was seen engaging in a game of dominoes with people.

For people who enjoyed spending time in their rooms, staff recognised the importance of ensuring their social needs were met and promoted. One person who preferred to spend time in their room told us that staff regularly went in and had chats with them. Other people were supported to have talking books along with other items of importance to promote their wellbeing. Staff members regularly went out and about with people. If people wanted to go out for walks and required support, staff members assisted. One visiting relative told us, "They regularly take Mum out for walks."

Concerns and complaints were taken seriously and would be acted upon. The provider's complaints policy and procedure contained the contact details of relevant outside agencies and the timeframe of when complaints would be responded to. A complaints policy was displayed in the communal lounge and staff told us they would support people to make a complaint. The provider had not received

Good

Is the service responsive?

any formal complaints in over two years. People and visiting relatives told us they would feel confident in approaching the provider or registered manager with any concerns or problems.

Requires Improvement

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and provider. People commented they felt the home was well-led and run efficiently. Despite people's high praise for management, we found St Christopher's Residential Home was not consistently well-led.

There was not an effective operation of systems in place to enable the provider to regularly assess and monitor the quality of the service provided. The provider was not completing internal quality assurance checks, such as audits. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. The provider had no mechanism in place to review and analyse their internal systems and processes. For example, infection control audits were not being undertaken. On the day of the inspection, the home presented as clean and tidy. However, the provider had no tools to monitor whether infection control policies and procedures were being implemented and followed robustly which could potentially put people at risk of cross contamination.

The provider also had no quality assurance system governing their medication and care plans. A local pharmacy conducted a medication audit twice a year, however, the provider did not conduct their own internal audit alongside this. Due to the absence of an internal audit, they had failed to identify that CDs were not stored in line with best practice requirements. The inspection team also viewed a sample of care plans. From talking with staff and registered manager, we were informed of one person who was a diabetic. Their care plan recorded they were diabetic but failed to record the measures required to manage their diabetes. Risk assessments for pressure damage also did not always contain sufficient guidance on how to reduce the risk of skin breakdown, or whether there was district nurse involvement. Due to the absence of a formal audit of care plans, the above issues had not been addressed by the provider.

Due to the above issues, this was a breach of Regulation 10 of the Health and Social Care 2008.

There was a management structure at St Christopher's Residential Home which provided lines of responsibility and accountability. A registered manager was in day to day charge of the home, supported by the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the home. In the absence of the registered manager, staff members decided between them on an informal basis who would provide day to day leadership.

St Christopher's Residential Home had a statement of purpose which detailed the philosophy of the home. This included promoting the right of the individual and to promote the opportunity of freedom of choice in all aspects of daily living. The aims and objectives of the home were detailed as 'To encourage the continuation of independence, involvement in decision making and to ensure all residents are treated with respect and politeness.' Although the home had aims and objectives, these were not always made clear to staff members. Staff members could not clearly tell us the philosophy, vision or objectives of the home. Despite the above concerns, it was clear staff; the registered manager and provider were committed to providing high quality care which promoted people's wellbeing. The registered manager told us, "We know our residents and what's important to them."

The provider's statement of purpose referenced the Commission for Social Care Inspection (CSCI). CSCI was superseded by the Care Quality Commission in 2009. We discussed with the provider the need to update this information. We have therefore identified this as an area of practice that requires improvement.

Policies and procedures were in place which provided guidance to staff members on all aspects of the home, such as infection control, data protection and confidentiality. During the inspection, we identified contradictory information on the home's policy regarding visiting times. One policy advised visiting times were restricted to certain hours. Another policy stated visiting hours were also restricted, but the hours varied to the other policy. However, the service user handbook reflected visitors were welcome at any time. Most relatives we spoke with commented they were available to visit at any time and during the inspection, we observed relatives visiting throughout the day. However, due to the provider's lack of quality assurance, the above issue had not been identified and information available on visiting times was contradictory. We have identified this as an area of practice that requires improvement.

Requires Improvement

Is the service well-led?

There were systems and processes in place to consult with people, relatives and healthcare professionals. Regular satisfaction surveys were sent out to people and this enabled management to monitor people's satisfaction with the service provided. Recent survey results from December 2014 found that people were happy with the service provided. Feedback from a healthcare professional was, 'Every patient I see always speaks highly of staff.' Feedback from residents confirmed they felt treated with respect and comfortable living in the home. Regular staff meetings were held which provided staff with the forum to air any concerns or raise any discussions. The registered manager also sent out monthly newsletters to staff providing them with updates and information about practice issues.

St Christopher's Residential Home has been owned by the provider and registered manager for over 19 years. It was clear the provider and registered manager took great pride in the running of the home and took a hands on approach. Staff and people spoke highly of the home. One staff member told us, "We all work together." Another staff member told us, "It's a lovely home and a great place to work." The registered manager was committed to providing high quality care which enabled people to have good outcomes.

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 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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision. The registered person had not protected service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided