GCH (Midlands) Ltd

St Stephen's Care Home

Inspection report

St Stephens Terrace
Droitwich Road
Worcester
Worcestershire
WR3 7HU

Tel: 0190529224
Website: www.goldcarehomes.com

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

About the service:
St Stephen's Care Home is a residential care home that accommodates up to 51 older adults, some who may be living with dementia or mental health needs. At the time of the visit there were 49 people who lived there. There is no nursing care provided at this service.

People's experiences of using this service
People were receiving a reliable and person-centred care service from a caring staff team which was well-led.

The manager and the registered provider had ensured the premises were maintained and any faults rectified. They had also completed audits to monitor the safety and quality of care provided.

People and their relatives told us they received care in a safe way. Individual risks to people and the environment had been identified and assessed and measures put in place to manage them and minimise the risk of avoidable harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm.

Improvements were required to the safe management of medicines, this was because thickening powders used to manage risks of dysphagia had not been adequately monitored and medicines records for 'as required' medicines protocols had not been accurately reviewed. The manager took immediate action to address the shortfalls. We made a recommendation about this.
Some people raised concerns regarding the security of their property and clothing. We shared their concerns with the manager who informed us they will review the laundry system in the home and remind people to use lockers for their valuables.

Risks associated with falls and malnutrition had been managed and there were processes to ensure staff learned from accident and incidents. In the majority of the cases, themes had been identified and action had been taken to reduce the risk of accidents and incidents.

Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs. Staff had received a range of training and support to enable them to carry out their role safely. However, staff records we checked and the training matrix showed staff had not completed induction. The manager took action to address this.

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences and likes. They treated people with kindness, compassion and respect and ensured that people's dignity was maintained. People and their relatives spoke positively about the care and support provided.

People's needs, and choices were assessed and planned for. Care plans identified intended outcomes for

people and how they were to be met in a way they preferred. People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

Records related to consent for care were completed and people told us they were always offered choice and control over the care they received. Restrictions on people's liberties had been considered and authorisations applied for where required.

Care was delivered in a personalised way which was in line with information recorded in people's care plans. People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted person-centred care and a positive culture within the staff team. People, family members and staff all described the manager as supportive and approachable. The manager showed they were committed to improving the service and displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed.

Rating at last inspection: This was the first inspection since the home was re-registered under a new company in 2017.

Why we inspected: This was a routine planned comprehensive inspection.

Follow up: We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates. We will follow up on the recommendations we have made at our next inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service was not consistently safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? This service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? This service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? This service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? This service was well-led. Details are in our Well-led findings below.	**Good**

St Stephen's Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:
This inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for older adults and those living with dementia.

Service and service type:
St Stephen's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Carer Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. There were 49 people living at the home at the time of the inspection.

There was no registered manager. The registered manager had left, and a new manager had been appointed and were in the process of registering with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did:
Our planning took into account information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team. We used all this information to plan our inspection.

During the inspection, we spoke with 10 people who lived at the home and seven family members to ask about their experience of care. We also spoke with the manager, the regional manager, three members of staff and one visiting health care professional. We looked at four people's care records and a selection of other records including quality monitoring records, recruitment and training records for three staff and records of checks carried out on the premises and equipment.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were not safe and were at risk of avoidable harm

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

•We looked at the management of thickened fluids, required for people who have difficulty swallowing. While staff and the manager informed us thickening powders had been given as prescribed, we found medicine administrations records had not been completed to show whether people's drinks had been thickened or not. This had been identified by the home's medicines audits however, the shortfall had not been rectified. This meant we could not be sure drinks had been thickened properly. We spoke to manager and the regional manager and they took immediate action to address this during the inspection.

•Records and guidance related to 'as required' medicines guided staff on the safe administration of these. Improvements were necessary to ensure that where it had become necessary to give 'as required' medicines regularly, a review was requested from the GP to ensure the prescription was changed. The manager took immediate action on this.

•Each person's medicines record had a photograph, to help staff identify them. People's preferences and details of how to manage medicines to be taken when required were included. Consideration was made whether people could manage their own medicines.

•Medicines required at a specific time were given properly. The stock balances we checked were correct, suggesting people received their medicines as prescribed. Medicines had been stored safely.

•Staff had up to date medicine competencies and there were sufficient numbers of trained staff to administer medicines in the home.

•We recommend the registered provider to seek best practice from a reputable source regarding the effective management of medicines.

•Before the inspection we had received concerns regarding the management of risks associated with diabetic conditions and staff's awareness of people experiencing an episode of cardiac arrest. Our review of the actions taken, the investigations and the lessons learnt report revealed that necessary improvements had been made. Staff had been provided with training on basic life support and awareness on diabetes. People's care records reflected their needs had been appropriately assessed for with plans of care in place.

•Accidents and incidents had been documented and staff had taken action to support people where required. There was a follow up procedure to discuss monitoring people after falls. Risks of falls, malnutrition and choking had been identified and guidance had been provided to staff. The manager reviewed the records to check if people received the right care following incidents. In majority of the cases incidents had been analysed to identify trends and themes and devise ways to reduce the risks. Some improvements were required to ensure the analysis identified themes related to the environment. We spoke to the manager and they took immediate action and reviewed this.

•Emergency procedures for keeping people, staff and others safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans. Safety recommendations by fire safety authorities had been acted on and equipment had been serviced and tested

in line with manufacturer's recommendations.

Systems and processes to safeguard people from the risk of abuse
•People and their relatives told us they felt safe. However, three people raised concerns about the security of their clothes and personal property especially when they go to the laundry. The concerns were shared with the manager who assured us this would be reviewed.
•Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of the people who used the service. They reported safeguarding concerns in line with the local protocols. Lessons from any safeguarding enquiries were shared with care staff during staff meetings and handovers.

Staffing and recruitment
•A dependency tool was used to determine the number of staff required in the service. Our observations showed there were adequate numbers of staff to support people safely. People we spoke with felt that there were adequate numbers of staff and they were confident their needs were met. However, feedback from staff showed a review of staff deployment at certain times of the day was required, especially where people needed more support. The manager informed us they would review their dependency assessments.
•Records showed staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with people who use care services. The relevant pre-recruitment checks, such as disclosure and barring service (DBS) checks had been undertaken. References were sought before to check potential staff's suitability.

Preventing and controlling infection
•People were protected against the risk of infections. Some areas of the home required attention to ensure effective prevention of the spread of infection and the manager took immediate action to address this.
•Staff had completed training in infection control and food hygiene. There were plans to nominate one staff member as an infection control and prevention champion responsible for sharing best practice on infection prevention. Care staff were provided with protective equipment such as gloves and aprons. We saw them using these appropriately and helped protect people against risks of cross contamination.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law
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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection the manager had applied for authorisation to deprive people of their liberties to keep them safe. Conditions set by the authorisations had been met.
•Records we reviewed showed people's consent had been sought before care and support was provided. Mental capacity assessments had been completed to determine people's ability to make specific decisions about their care. People told us they were always offered choice and control over the care they received.
•Staff applied learning effectively in line with best practice. Staff knew people well and how best to meet their needs. Care and support was planned, delivered and monitored in line with people's individual assessed needs.
•Assessments and care plans included expected outcomes for people based on their needs, abilities and choices. Where possible, people were encouraged to continue to exercise their independence. Further assessments were obtained from social care professionals and used to help plan effective care for people.

Staff support: induction, training, skills and experience
•Staff had received training relevant to their role. They were competent, knowledgeable and carried out their roles effectively. Staff felt supported in their role by the manager. However, we saw there was no record of staff inductions having taken place. The manager and the regional manager informed us staff were offered the care certificate if they had not worked in care. They assured us records would be completed for staff who had missing induction records.
•People and their relatives told us they felt staff had the skills and knowledge to provide the right support. Comments from visitors included, "The carers know my [relative] well, no problems with them at all." And, "The carers have known [relative] really well, they understand their fear of the hoist and wheelchair."

Supporting people to eat and drink enough to maintain a balanced diet
•Care records documented when people required support with their eating and drinking. People's dietary

needs had been shared with the kitchen staff.
• People and family members told us, and our observations confirmed, staff supported them to eat and drink.
•People with any risks associated with poor nutrition were adequately supported with consideration for referrals to specialist professionals where significant concerns were observed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
•People were supported to access health care professionals such as district nurses and their GPs.
•There were keyworkers allocated to each person to provide a person-centred care. One person told us; "The keyworker system works well. It gives you someone to go and sort things out with."
•Where people had received assessments or additional support from healthcare professionals this was recorded within their care records. The manager and staff were aware of the processes they should follow if a person required support from any health care professionals.

Adapting service, design, decoration to meet people's needs
•The premises had been adapted to meet the needs of people living in the home and ensure their safety. There was adequate signage to orientate people to their environment and there was evidence the provider was working to ensure the environment was dementia friendly.

Good

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.

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; Respecting and promoting people's privacy, dignity and independence
•People told us, and family members confirmed, they were treated with kindness and were positive about the caring attitudes of staff. Comments included, "The staff are respectful of my privacy." And, "I don't like sitting in the lounge I prefer my room where staff come and talk to me."
•Information was provided to people on gender and sexuality including information on recognising and respecting the rights of lesbian, gay, bisexual, and trans people and people from different ethnicities.
•Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. They understood, and supported people's communication needs and choices. They maintained eye contact and listened patiently and carefully when speaking with people to ensure their needs were understood and met.
•People, along with relatives, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information as well as their daily interactions, to get to know people and engage them in meaningful conversations. Staff treated people with dignity and respect whilst providing care and support.
•People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. They knocked on doors and waited for a response before entering people's bedrooms and bathrooms. Comments from people included, "There are some good staff who are respectful here. They always knock on my door." And, "My keyworker cares for all the little details like naming my clothing, helping me to have a bath and buying me toiletries. I call her the boss." Staff also ensured that people's confidentiality was maintained.
•People told us they were given choice and control over their day to day lives and supported to maintain their independence wherever possible. One person told us, "I do as much as I can for myself."

Supporting people to express their views and be involved in making decisions about their care
•People and family members were encouraged share their views about the care they received through regular reviews and surveys. Results were shared including any actions the manager was planning to take following feedback. A residents' committee was in place and people met regularly to share their views and suggestions.
•People and family members told us they were confident in expressing their views about the care and support provided by staff. Some family members confirmed they had been involved in the decisions made about a relative's care.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.
People's needs were met through good organisation and delivery.
Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•People's individual care needs had been identified. Care plans had been developed with the involvement of the person and their family members where appropriate. Care plans were person centred; they took account of people's likes, dislikes, wishes and preferences in relation to their daily routines, religion or ethnicity. People's religious needs were met. There were visiting pastors and volunteers supported people to attend a local church.
•Care plans reflected people's choices, wishes and preferences and things that were important to them. They also contained in-depth information about people's assessed needs and any health needs. Regular reviews had been undertaken when people's needs changes. This supported staff to care for people effectively.
•The registered provider was responsive to people's needs, for example they made referral to specialist professionals appropriately when people's needs increased.
•We saw staff supported people who lived at St Stephen's Care Home with access to day-time activities and entertainment. They arranged visits from local entertainers, as well as local school children to visit the service and interact with people. Some of the people we spoke with and their relatives felt the activities could be improved to provide variety and person-centred activities. We discussed this with the manager, including the need to ensu.re activities were delivered in line with people's abilities and cognitive abilities. They informed us they will be meeting with activity co-ordinators to discuss this.
•People told us they received care and support from regular staff who knew their routines well.
•The service recorded, and shared information related to people's communication needs as required by the Accessible Information Standard. For example, where people were identified as having hearing or sight difficulties. We observed some people with visual impairment had access to talking books and other aids to assist with their communication.

Improving care quality in response to complaints or concerns
•People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.
• A suggestion box had been provided and people knew where it was. A residents committee was also in place and people had the opportunity to discuss their experiences and share them with the provider.
•Complaints that had been received had been dealt with appropriately by the manager and in all cases. These were used an opportunity to improve the service as a whole.

End of life care and support
•No person using the service at the time of the inspection was receiving end of life care.
• Records we reviewed showed there were arrangements to ensure people were offered the opportunity to discuss their end of life preferences. Some people had set out their choices and these had been recorded in their care records and some staff had received training on end of life care.

Good

Is the service well-led?

Our findings

Well-led - this means we looked for evidence that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open fair culture

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•There was no registered manager. The registered manager had left, and a new manager had been appointed who had started the process of registering with the Care Quality Commission (CQC) to become a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
•Service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care. All regulations had been met and in majority of the cases identified shortfalls had been resolved timely. There was oversight from the manager on their staff and the registered provider had monitored compliance with regulations. A regional manager had provided regular support visits to support the manager in their new role.
•Staff we spoke with felt the service was well managed and they were supported in their roles by the manager. Comments from staff included, "We are supported and can raise concerns and feel listened to." All staff we spoke with demonstrated a desire to provide quality care for people using the service. Care staff had regular supervisions and staff meetings where they discussed good practice and any issues or concerns they might have.

Continuous learning and improving care
•There was a systematic programme of quality checks, supported by a variety of regular audits and quality monitoring activities.
•A system of learning from incidents, safeguarding alerts and any shortfalls was used to continuously review the quality of the service provided. Findings were recorded and included the actions taken to improve the service. These included medicines audits, care plan audits and various competence checks on care staff.
•In the majority of the cases this had assisted in the maintaining standards and timely identification of any shortfalls. However, we noted some areas where this could be further improved, such as medicines management and incident analysis.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility.
•The manager promoted openness and transparency throughout the staff team. Notifications had been submitted to the Care Quality Commission and safeguarding concerns had been shared with the local

authority and any recommendations were implemented promptly.
•The service had systems in place to help ensure people had the care and support they needed. For example. each person had been appointed a staff member who was their keyworker. This promoted a person-centred approach.
•The manager promoted openness and transparency throughout the staff team.
•Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
•Records we looked at showed staff meetings were being held. There were meetings for people who lived at the home. People told us they were invited and could raise suggestions. Relatives told us they were kept informed of the welfare of their family members.
•Surveys were given to people who used the service and their family members. The results of these surveys were analysed and action plans developed. The provider had ensured the survey results were shared with people. Results showed a high satisfaction with the quality of the service delivered. Staff's contribution was recognised and celebrated using employee of the month awards.
•There was evidence to show the registered provider had worked with the local community and members of the public to enhance the experiences of people who lived in the home.

Working in partnership with others
•Evidence we looked at demonstrated the service worked in partnership with the wider professional team. Records noted the involvement of GP, district nurses, mental health teams, social workers and commissioners of people's care.