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St Denys

Inspection report

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Ratings

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

Overall summary

This inspection took place on the 21 and 22 January 2015 and was unannounced. There were 10 people living at the service, although one had been admitted to hospital.

St Denys is registered to provide support and personal care for up to 12 people. It is not registered to provide any nursing care. They provide care and support for people living with mental illness and learning disabilities.

The service does not currently have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered provider intends to apply to register as the manager and is aware of the need to make an application to CQC as soon as possible.

Improvements were needed to ensure the recruitment process was robust to help keep people safe from staff who may not be suitable to work with vulnerable adults. We found there was information missing from two staff recruitment files out of four looked at. This meant the provider was unable to evidence that all new staff had had satisfactory references and DBS (Disclosure and baring service) checks.

Although staff had received training in medicine management and audits were in place to check

Summary of findings

medicines were being administered appropriately, we found improvements were needed. These included ensuring all records accurately reflected the amounts of medication administered. The room in which medicines were being stored had not been monitored to ensure it was not too hot and stock checks had not ensured excessive stocks of medicines.

Care and support was being well planned, although some of the risk assessments and capacity assessments were out of date and needed to be removed from care files to ensure staff had the most up to date information about people. Staff training had included aspects of health and safety and the registered provider said more training on mental capacity and how this relates to every day care was being implemented within the next few months. Induction for new staff was happening but not always being recorded.

There was sufficient staff to meet the needs of people currently living at the service, although the registered provider said they needed to ensure there was clear information on the rota about which staff were on call. This would ensure information was available in the event of another member of staff being needed during the afternoon period when there was generally one staff member on duty. The registered provider said the staffing levels would be kept under review and increased as people's needs increase and/or new people move in.

When we spoke with healthcare commissioners they felt people's needs were being met, but lower levels of staffing meant any rehabilitation work would be difficult to facilitate.

People told us they felt safe and well cared for. Comments included "I really feel safe here…… staff know me and they know when I am feeling low so they help me." Staff showed a good understanding of people's needs, their likes and dislikes and preferred routines. We observed staff interacting with people in a kind and respectful way. People spoke highly about the staff group and we observed warm interactions between staff and people living at the service.

People were encouraged to access the local community, social groups and to be involved in activities within the home such as dance group, games and shopping. People's diversity was respected and staff supported people when possible to pursue their interests and hobbies. People were encouraged to help with cooking and were supported to eat and drink at regular intervals throughout the day. There was a kitchen available to people to make their own drinks and snacks and staff supported them to cook main meals. Menus showed there was a good variety of meals being offered with people's likes and dislikes being taken into consideration.

People were able to make any suggestions or voice concerns to staff or within community meetings. The registered provider also used surveys on an annual basis to gain people's views about the quality of care and support being provided.

We found a number of breaches 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

The service was not always safe. Recruitment processes were not robust enough to ensure the right checks had been completed for new staff checks.

People's medicines were administered appropriately but records did not always reflect what had been administered. Some medicines may not have been stored at the appropriate temperatures.

Staff understood how to ensure people were supported to stay safe and staffing levels were sufficient for the current number and needs of people, although this needs to be kept under review.

Is the service effective?

Requires Improvement

The service was not always effective. Some mental capacity assessments were no longer relevant and could lead to staff taking inappropriate actions.

Staff had a good understanding of people's needs and training had been planned to enhance their skills.

People's healthcare needs were being well managed and people were supported to have a balanced diet.

Is the service caring?

Good

The service was caring. People were positive about the care they received and this was supported by our observations.

Dignity and respect was maintained for people in a homely and supportive environment.

Is the service responsive?

Good

The service was responsive. The registered provider was working towards making their care plan information more personalised and staff knew people's preferred routines.

People were supported to participate in a variety of activities and accessing the local community.

People's concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Requires Improvement

The service was not always well-led as there was no registered manager in place.

The registered provider had a vision for the future development of the service which included moving people onto more independent living.

Summary of findings

Quality systems ensured people views were listened to and the environment was well maintained.

St Denys

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law.

This inspection took place on 21 and 22 January 2015 and was unannounced. On the first day the inspection team included two inspectors. During the first day we spent time observing how care and support was being delivered and talking with people and staff. This included seven people using the service and six staff as well as the registered provider.

On the second day, one inspector spent time looking in more detail at records relating to people's care. We looked at four care plans and daily records relating to the care and support people received. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We also used pathway tracking, which meant we met with people and then looked at their care records. We looked at three recruitment files, medication administration records, staff rotas and menu plans. We also looked at audit records relating to how the service maintained equipment and the building.

Following the inspection, we spoke with two healthcare professionals.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe living at St Denys. One person said ‘‘I really feel safe here, I have had lots of problems in my past and my health had not been good, but here staff know me and they know when I am feeling low so they help me.’’ Another person said ‘‘I have lived here a long time, it is a very safe place to live.’’ Although it was clear people felt safe and secure at St Deny’s, there were a number of issues which meant that people were not always fully protected from risks.

Recruitment practices were not as robust as they needed to be to fully protect people. One staff member, who had recently begun working at the service, had started employment without first having had the right checks in place. The registered provider gave assurances that she understood that as this person had previously been a volunteer at the service, she did not need to collect further references and police checks as she had done this prior to them doing their volunteer work. The registered provider said she had been in the process of updating the staff members DBS check as she believed this was the process she needed to follow. The staff member had not been a volunteer at the service for over a year. There were also references missing for another member of staff. The registered provider said she was certain they had been obtained as she had ticked a check list to show they had been received, but she was unable to locate them. Two other staff recruitment files were complete and contained the right checks and references to ensure staff were appropriate to work with vulnerable people.

This is a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People received their medicines when they needed them. Medicines accurately reflected the medicine in stock for each person. Stocks were checked regularly by the provider. However, some medicines were stored in excessive numbers for people who did not require the high amount held, for example promazine. Some of the medication administration records (MAR) checked, it was unclear how much medicine a person needed as it had not written down correctly. For example, one entry said a 25mg tablet should be taken on the MAR chart but we saw that it was 50mg on the box. This meant that people might be put at risk due to being given their medicine incorrectly.

The overall temperature of the room where all medicines were stored was not monitored and we found it to be hot with limited ventilation. This had been identified on a recent local pharmacy audit. Some skin creams and some medicines had been opened but it was unclear as to how long these had been open and when they expired, for example inhalers. These may affect the potency of some of the medicines which were stored in the room and are required to be kept at certain temperatures.

This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff displayed knowledge of the management of medicines and had been trained by the local pharmacy. We observed the lunchtime administration of medicine and found that these were given safely and in accordance with the provider’s policy and procedure. People were knowledgeable about their prescribed medicines and told us the reason why they took them.

Records and storage of the controlled drugs held in the home (a controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused) were stored and recorded correctly. We checked the amount of controlled drugs in stock and these correlated with the records held. Sample signatures of staff administering medicines was not available on the first day of the inspection, but was being completed on the second day.

Prior to the inspection CQC had received some information of concern about staffing levels at the service. The registered provider said they had not used a dependency tool but had used their knowledge and experience of people’s needs to determine the staffing levels. There were two members of staff on duty until 4pm and then one member of staff until the following morning. On certain days the maintenance person also worked as part of the care team to take people out on evening activities. On the evenings there was one member of staff available, the registered provider said there were at least two staff members they could call in an emergency, although this was not included in the rota details. The registered provider said she would make sure that for future reference there would be a nominated on call person for the lone member of staff to call on. The registered provider also said she would keep the staffing levels under review and would increase the staff on duty if people’s needs increased and/or they had new people coming to live at the service. Most

Requires Improvement

Is the service safe?

people were independent with their personal care or people did not require personal care. People said they thought there were enough staff available to meet their needs. One person commented ‘‘The evenings are much quieter and the staff sit with us and talk. The staff are all lovely here and help us if we need it.’’

Staff said they were busy as they did cleaning, cooking and providing support to people. One staff member described how they have specific cleaning schedules to complete each day and where possible they tried to involve people in the meal preparation and some of the housework tasks. One staff member said there were sufficient staff available throughout the day, but that if they needed to get hold of the registered provider for a managerial decision, this could sometimes be difficult. We fed this back to the registered provider and the need to have a registered manager in place who was available at agreed set times each week. The registered provider said staff were aware of how she could be contacted and was usually at the service most weekends and at least one or two days or evenings in the week.

Risk assessments formed part of each person’s care plan. For example a risk assessment had been completed for one person who had diabetes. This identified what staff needed to check to ensure the person did not have poor healthcare, such as regular checks to their feet. Where someone had been identified as being at high risk of having falls, their care plan had been changed to reflect this risk and informed staff how best to support the person in order to minimise the risk of a further fall.

Staff understood what constituted abuse and said they would report any concerns to the registered provider. One staff member was not as clear about who else should be involved in safeguarding but was aware there were policies and procedures to follow. There had been a recent incident where one person was vulnerable and may have needed safeguarding processes in place to ensure their vulnerability was safeguarded. The registered provider had put measures in place to ensure the person was safe and having discussed the situation with the commissioning team, had agreed to make a referral to the safeguarding team.

The registered provider sent us information following the inspection to show they had completed safeguarding training and were able to cascade this training to their staff group. They said they always ensured they discussed the essential elements of the safeguarding processes with new staff, and that they tried to ensure this was an on-going item of staff meeting agendas. They also said further training was planned for the coming year for staff to cover safeguarding, mental capacity and Deprivation of Liberty Safeguards (DoLS).

Requires Improvement

Is the service effective?

Our findings

Staff had some understanding of the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS) and how they applied this in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. However, there was some out of date information contained within two people's care plan, which indicated that people may have in the past been deprived of their liberty. As this information was still in the current care plan, it could mislead newer staff into taking inappropriate action, depriving someone of their liberty.

There was also an out of date mental capacity assessment, which stated one person was unable to manage their own finances. The registered provider said this assessment was no longer valid although it had been reviewed in 2014 and had not been removed from the care file. The registered manager agreed she needed to review all written information within care files to ensure the most up to date information was available to enable staff to provide effective care to people.

People said they were able to make their own decisions about what they wanted to do and staff assisted them only with their consent. For example one person did not like staff to go into their room if they were not present and staff respected this. Another person said staff helped them with their shower when they chose. We observed staff interacting with people in a way which showed they respected people's individual choices and when support was needed, they made sure consent was gained. For example one staff member asked a person if they needed help to move to the lounge and asked if they wanted support to move their belongings to another area of the home.

Staff said they had received training in all aspects of health and safety and some areas of specialist training such as medicine management was completed by a local pharmacist. Staff had also received some training in understanding mental health issues and more training was being planned. The registered provider did not have a specific training matrix, but said as there was only a small team of care staff she knew each person's training needs and what training needed to be updated. Staff confirmed they had received some one to one supervision (planned time spent discussing roles and training needs) with the registered provider and we saw evidence of this for some staff members. There was no documented evidence of newer staff having completed an induction process. One newer member of staff confirmed they had been given induction information and had completed some shifts with other staff to help them understand the role but they had not completed any nationally recognised induction standards covering all aspects of care and support to people. There was no evidence this had impacted on people's support or care but recording induction topics covered ensures staff have the right information in the first few months of their employment.

People were supported to eat and drink and maintain a balanced diet. Systems were in place to ensure those who were at most risk of poor nutritional intake, were monitored and supported to eat and drink at regular intervals. Records were kept of the amounts people ate and drank where a risk had been identified. People ate their main meal at lunchtime and were offered a choice. One person said 'All the staff know what I like and want I won't eat and so there is always something available.'' Another person said 'the staff try to encourage healthy eating, but I love takeaways and have those in the evenings.''

People's health care needs were closely monitored and where needed GP and other healthcare professionals were consulted. Follow up appointments were clearly marked in the service diary so staff could plan support to assist the person to attend their healthcare appointments. People confirmed they could see their GP when needed and staff supported them to maintain good health. Healthcare professionals confirmed people's healthcare needs were monitored and referrals to specialists made in a timely way.

Good

Is the service caring?

Our findings

People said staff were caring and understanding. One person said ‘‘All the staff here are very caring. They always ask how we are and whether I need a chat. I feel happier here than I have anywhere else.’’

Staff responded to people’s questions and requests with kindness and respect. For example one person asked the same question a number of times and the staff member answered them with patience and explained the answer in a consistent way to help the person understand their response. People appeared relaxed and there was banter between staff and people who lived at the home, showing they had developed good relationships and humour was used frequently.

People’s diversity was encouraged. For example one person enjoyed collected DVD‘s of old films and staff supported them to continue this by arranging shopping trips. One person told us how they had recently had a surprise birthday party and also been out with friends from the service to have a meal out. Another person enjoyed collecting toys and things relating to Christmas. Their room was personalised and full of items they had purchased during trips out. One staff member said ‘‘X really gets a great deal of pleasure from buying toys and who are we to say he can’t have want he enjoys. Most weeks we take him out to the shops and have a coffee and cake.’’

Staff said that where possible they encouraged people to be independent. Where people were vulnerable due to their complex needs, staff were guided in the care files to ensure individuals were not left alone with strangers, for example. People confirmed they were supported by staff to access the local community and pursue their interests. One person talked about staff supporting them with weight loss and going to a weight loss group. They said ‘‘Staff are very kind, they say I am doing well and encourage me.’’

Privacy and dignity were upheld by staff in their everyday practice. For example, they always ensured they knocked on people’s bedroom doors and waited for an answer before entering. When discussing issues with an individual, staff suggested they talk in a more private area. Where staff wrote in a communication diary, the entries about individuals living at the service, initials only were given and written in a respectful way.

Good

Is the service responsive?

Our findings

Most people did not comment on whether they had been involved in the review of their care plan, but one person said they had discussed their plan with their keyworker in the past. The registered provider explained that due to some people's mental health, it was not advisable to share all the details of their care plan with them due to their anxiety or feelings of paranoia. She was trying to encourage keyworkers to spend time with people and review plans in a less formal way. She said they were working towards making care plan information much more detailed and personalised. She said she would also ensure the process included recording how and when people were involved in their care plan process.

Care files contained details of people's needs and covered all aspects of their personal, health and emotional wellbeing. This had been developed from a pre admission assessment and also information made available from the commissioning teams about people's assessed needs. Where a particular need had been identified, a care plan was available which was individual to the person and there particular need. For example where the assessment had identified someone may be vulnerable in the community, their plan included details about the sorts of activities and outing they were able to do without support and those they enjoyed doing but may need support from staff to do.

People said they had been supported to follow interests and attend clubs. One person said they enjoyed attending a local church coffee morning each week. Another person said they were supported to go out with a member of staff shopping each week. On the day of the inspection a dance teacher came to the service to hold a music and movement class with people. One person said ''We really enjoy the dance sessions. We get to listen to music we enjoy and it's fun.'' The dance sessions were held weekly. A member of staff said ''We try to encourage people to take part in activities, including helping with cooking, but also with social things such as outings and when it is colder or during the evening, we play games. At the moment people seem to enjoy a game of dominoes.''

People told us they could access the local community when they wished. One person said ''We are handy for the park and local shops and the town centre is not too far to walk to. Every week one staff takes us out to a supermarket and we can shop and have a cup of tea. Sometimes we go to a local pub on a weekend. They have a log fire and we have a coke. It's nice.''

People said they could make their concerns known to staff and most were confident these would be followed up. One person said they were able to raise any concerns or make suggestions about the menu for example at the community meetings which were held every two months. Minutes were kept for these meetings and it showed people had been given an opportunity to comment on activities and meals they would like to see in the menu.

The complaint's policy set out the procedure to be followed by the provider and included details of the provider and the Care Quality Commission. The registered provider said they had not had any complaints to follow up on since the last inspection. There had been a few small issues raised with the community meetings, which had been dealt with immediately. They had tried having a suggestion box and a 'Moaning book' but neither were used, so they now tried to get keyworkers to check with individuals about whether they were happy with their care and support.

Requires Improvement

Is the service well-led?

Our findings

There has been no registered manager in place for two years. The registered provider was aware they needed to have a registered manager in place as part of their registration and was planning to apply to register with CQC as manager and provider. The commissioning team who review placements at St Denys said there had not always been a manager available to discuss placements. There needs to be someone leading on ensuring recovery plans for mental well-being are actioned and people have the right support to enable them to become as independent as possible.

The registered provider said they were available in the home most weekends and some days during the week. Their vision for the service is to provide a safe and comfortable home for people where they can recover from any ill-health and develop ways to cope with their anxieties with a staff group who know and understand their needs. There are plans to develop the service with an extension to create two flats for people to live more independently, as a stepping stone to moving on into the community if they were able.

Staff said they felt the service offered people a good service with a vision of this being their home. Staff said they had been asked their views about the service at team meetings, which were intended to be bi- monthly but this had not occurred as frequently as this. The registered provider said she had looked at staff skills and given each an area of responsibility to help them develop, but also to be part of the quality assurance system of the service. For example one staff member did the weekly and monthly fire checks as well as a review of some of the care plans. Another had been involved in the audit of medicines and ensuring when new stock came into the home, this was recorded correctly. The handyperson completed weekly checks of the environment and ensured the hoisting equipment was checked according to industry standards.

The registered provider had used annual satisfaction surveys for people living at the service and had actioned any points made in these surveys. For example where someone had asked about different meal choices, this had been discussed with them and their preference noted and taken into consideration when menu planning.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: People who use services were not protected against the risks associated with employing people who may not be suitable to work with vulnerable people as the recruitment process was not robust. Regulation 21(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 How the regulation was not being met: People who use services were not protected against the risks associated with the unsafe use and management of medicines. Regulation 13