

Holy Cross Care Homes Limited

# Holy Cross Care Homes Limited

## 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?

Good



### Overall summary

This inspection took place on 06 October 2014 and was unannounced. At our previous inspection no improvements were identified as needed.

Holy Cross care home provides accommodation with personal care and support to older people. It is registered to accommodate a maximum of 57 people.

The home had a registered manager in post who was present for our inspection. 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.

# Summary of findings

We found the provider needed to improve their system for recording medicines received from pharmacy. The recording process for medicines received from pharmacy meant there was no accurate information about the number of some medicines held in the home.

Staff knew how to protect people against the risk of abuse and discrimination and how to report concerns they may have. They understood how to help keep people safe and followed instructions to reduce risks that had been identified.

People were supported by sufficient numbers of staff. However, we found that the allocation of staff over lunchtime needed to be improved to ensure people received the same level of care other times during the day.

Staff's understanding needed to be improved on how the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) affected their practice. The MCA sets out how to support people who do not have capacity to make a specific decision. DoLS are safeguards used to protect people where their liberty to undertake specific activities is restricted. The registered manager had made appropriate applications to the local authority in accordance with DoLS and was following legal requirements.

People living in the home were supported by health professionals such as district nurses and doctors, to

ensure their needs were fully met. The provider ensured there was a joined up approach to meeting people's care needs to allow them to stay at the home as long as they needed and wanted to.

Staff were caring in their approach with people. Although we found that in one dining room over lunchtime the allocation of staff meant people were not always given the time and support they needed to express themselves and make choices.

People were involved in their own care and in what was happening within the home. Staff understood people's needs and preferences and respected their privacy and dignity when supporting them.

The registered manager actively asked for people's and staff's opinions and gave them opportunities to talk about any concerns or complaints they had. People, their relatives and staff felt listened to and told us any concerns they had were dealt with promptly by the manager. They also felt involved in what was happening within the home and in helping to make improvements.

The home's positive values and culture were seen during our inspection. Staff created a homely environment and spoke about the people they supported with warmth and affection. People were happy living at Holy Cross and told us their views and preferences were listened to and respected.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was mostly safe.

Systems for recording the quantity of some medicines needed to be improved.

The allocation of staff at lunchtime meant care and support was not given in a calm and attentive way and was too focussed on tasks being completed.

People were protected against harm and abuse by staff who understood how to recognise and report this.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Staff did not understand the requirements of the law to support people who lacked mental capacity.

People's healthcare needs were met with the support of other health professionals.

Staff received training and support to help them meet the needs of the people they supported.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were treated with kindness and compassion and given privacy and dignity.

People and their families were involved in making decisions about their care.

Staff respected people's preferences, treated them as individuals and gave care in the way that people wanted.

**Good**



### Is the service responsive?

The service was responsive.

People and their relatives were listened to and encouraged to raise concerns.

Staff understood and respected people's views and preferences.

Staff supported people to be involved in social events and maintain relationships.

**Good**



### Is the service well-led?

The service was well-led.

All staff understood their roles and responsibilities.

**Good**



# Summary of findings

People benefitted from the positive values and culture of the home seen in the way staff spoke and carried out their duties.

Systems were in place to monitor the quality of care provided.

# Holy Cross Care Homes Limited

## 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.

The inspection took place on 06 October 2014 and was unannounced.

The inspection team consisted of one inspector and one expert-by-experience who had personal experience of a relative living in a care home. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the home, what they do well and improvements they plan to make. This was completed and returned by the registered manager within the requested timescale.

Before our inspection we spoke with one person from the local authority safeguarding team and one person from the

local authority contract monitoring team to ask their opinions of the home. We also looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During our inspection we used the Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing care to help us understand the experience of people who live at the home. We used this because some people living at Holy Cross care home were not able to tell us in detail what it was like to live there. We also used it to record and analyse how people spent their time and how effective staff interactions were with people.

On the day of our inspection we spoke with 12 people who lived at the home, one relative, the registered manager, three deputy managers and seven staff. We also spoke with two district nurses and an optical assistant from a local opticians who were visiting the home. We looked at 13 records which related to consent, people's medicines, assessment of risk and people's needs. We also looked at other records which related to staff training, recruitment and the management of the home.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe living at Holy Cross Care Home. They told us that staff knew what they were doing and they felt safe in their care. They told us they felt able to raise any concerns they had about their safety. One person said, “Yes, I feel safe here and the staff are good to me”. One relative told us “[Person’s name] has dementia and they feel secure and safe here”.

All the staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. Staff had received relevant training and understood the responsibility they had for reporting any concerns and who to report these to. They told us they had confidence in managers that they would listen and act on any concerns they raised with them. They were also aware of how they could whistleblow which meant they could take any concerns to appropriate agencies outside of the home. Staff also understood how to report accidents, incidents and near misses and knew the importance of following these policies to minimise risks to people. This showed that staff were aware of the systems in place that helped to protect people.

Staff we spoke with understood how to support and protect people where they were at risks, for example with their mobility. Staff knew they needed to report any concerns they had about people’s safety. We saw records that showed risks to people had been assessed and plans put in place for staff to follow. The plans gave clear instruction to staff on how to reduce risks associated with people’s mobility, safety and healthcare. We saw that staff kept people safe within the home and when helping them with their mobility.

Staff told us they were happy with staffing levels and felt there were enough staff working on each shift to meet people’s needs. We saw that the number of staff working was enough to meet people’s needs and keep them safe throughout our inspection. We saw there was a good skills mix of staff working which included deputy managers and senior care staff. However, the allocation of staff over lunchtime in one dining room meant that some people were not supported as well as at other times. Although this did not have an impact on the safety of people it meant

that some staff were too busy to help people in the relaxed, friendly way we saw at all other times. We saw that because staff were helping people in their rooms there was little staff presence in the dining room. We saw one member of staff who was pre-occupied with washing and clearing up in the kitchen area. They had their back to the dining room for most of the meal which meant they were not able to see or talk with people sat at the tables. People were left waiting before their next course was served to them or their plate cleared away once they had finished. We spoke with the manager about what we had seen. She was disappointed and assured us she would take action to improve the allocation of staff in this dining room to ensure staff were focussed on people rather than tasks.

We saw evidence that appropriate employment checks were completed on new staff. This meant the provider was following legislation and ensured staff had the required employment checks prior to starting work at the home.

We looked at the management of medicines in the home. Medicines were stored in accordance with good practice. People’s medicine administration records were complete and up to date which showed that people were receiving their medicine when they needed them. We also saw staff safely administer and support people to take their medicine. Staff who gave medicines had received appropriate training to ensure they were competent to do so. This meant that people received their medicine safely and at the correct time from staff who were trained appropriately.

Some people took their medicine ‘as needed’, such as paracetamol. We saw that clear information was in place for staff to follow which helped them to administer these medicines correctly. It also gave information on what the medicine was and when people may need them. We checked the quantities of these medicines held at the home. We found there was no effective process to show the exact number of some tablets that had been received from the pharmacy. This meant the provider was not aware of how many ‘as needed’ medicines there should be and could not keep an accurate check of these medicines. The manager told us she would review this process and ensure the system was improved to accurately record all medicines received from pharmacy.

# Is the service effective?

## Our findings

People and relatives told us they had confidence in staff's skills and were happy with the way staff supported and cared for them. One relative told us, "If [person's name] is ill it is always in hand by the time I visit and I come every day".

Staff told us they felt supported in their roles and their training was kept up to date. We saw records which showed staff had training that was appropriate to their roles. They told us that they received regular support from the manager and deputy managers to help them in their work. Staff also told us that because the deputy managers worked alongside care staff they were able to see staff practice and give them support and feedback on a regular basis. One member of staff had recently taken on extra responsibility as the infection control lead for the home. They told us the manager had ensured they received sufficient training and support for them to feel comfortable with this role. This helped to ensure that people were cared for by staff who were supported to and had suitable skills to meet their needs.

We spoke with people about how they enjoyed the food at the home and whether they had a good choice available. Responses were positive and one person told us, "The food is generally nice". Another person told us, "They will always find something you like. I like the food".

We saw that people were offered a choice of food and drink. Adapted cutlery and aids were used to help people eat and drink independently. We saw that people were offered something different if they weren't enjoying their meal. One person was struggling with their meal which they found a bit hard. Staff noticed this and asked if they would prefer something else, giving them a choice of other meals. We found that people's nutritional needs were assessed and monitored. Staff we spoke with knew the special diets that people needed. They were aware of who had swallowing problems, who needed a soft diet and who was diabetic. Staff offered people drinks throughout the day and checked what they had drunk. This helped to ensure that people were having enough to eat and drink.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures that the human rights of people who may lack mental capacity to take particular decisions are protected. DoLS

are required when this includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

We saw the registered manager was following the MCA Code of Practice and had assessed people's capacity in relation to specific decisions they could not make. Best interest meetings were recorded to show why people could not make their own decisions. We saw the manager had made a number of recent applications under DoLS to the local authority who were assessing these. She understood when applications were needed and knew about the changes in DoLS guidance following a supreme court ruling earlier this year. She understood the requirements and implications of this law and the effects it can have on people. However, staff we spoke with did not fully understand how the MCA was put into practice in their work even though they had received training. They were not clear about who had capacity to make their own decisions in the home or how they could support people if they did not have capacity. Some staff were not aware of how a person could be deprived of their liberty and were not aware of the DoLS applications the manager had made. This meant that although the manager had taken appropriate action to protect people's human rights staff did not fully understand the principles although they had received the relevant training. We spoke with the manager about what we had found. She told us she had recently put together information for staff to read to help keep their knowledge up to date. She told us she was disappointed staff could not demonstrate an understanding of MCA and DoLS and would arrange more training for them.

Prior to our inspection we had received concerns that some people's health needs were not being met by staff. We had previously spoken with the manager about this. On the day of our inspection we found that with the support of other healthcare professionals people's needs were met. We spoke with two district nurses. They told us they visited the home every day to meet people's healthcare and nursing needs. They told us that staff would tell them if they had concerns about people and were respectful and professional at all times. They gave staff guidance and advice and told us that staff followed the care plans they put in place. The manager told us, "We have a great district nursing team who really support us in allowing people to stay here rather than moving to a nursing home".

## Is the service effective?

We also saw that people had access to other healthcare professionals including doctors and chiropodists when they needed it. On the day of our inspection there was also an optical assistant from a local optician at the home. The optical assistant told us they were repairing and fitting

spectacles for people. They also said that the optician usually visits every month to complete eye tests for people who want or need them. We spoke with one person who had just had their glasses repaired and they told us they were 'very happy with the service'.



# Is the service caring?

## Our findings

People spoke positively about the caring approach of staff towards them. One person told us, “The staff are very kind and caring with me, they are helpful”. One relative told us, “When your relative has to come into care there isn’t a manual of advice. The caring nature of this home has helped a lot”.

Throughout our inspection we saw how staff interacted with people. We saw that staff supported people in a caring, kind and compassionate manner. We saw that people were treated with respect and their dignity was promoted. Staff knocked on people’s doors and waited before they entered. They explained what they were doing, especially when helping people with their mobility and they made sure people knew what had been said before they started. For most of our inspection we saw that when staff spoke with people they listened to what people were saying and helped them to make choices and decisions.

People told us they felt staff respected their independence and encouraged this. They also told us staff were very conscious of their privacy, especially when helping them with personal care. One person told us that when staff supported them with washing, “They stay with me but I like to wash myself”. Staff we spoke with told us they had all worked at the home for a number of years and that staff turn around was very low. They told us this helped build up relationships with people and helped them to understand

their preferences and needs. When staff spoke about the people they cared for they did so in a respectful and caring way. They understood their needs and how to support people in a way that encouraged their independence, privacy and dignity. One staff told us, “Whether it be their choice, preference, they have things the way they want things not the way we want”.

People told us that they felt involved in their own care. They told us that staff listened to what they wanted and respected their views. Relatives told us that staff and the manager kept them up to date on what was happening with their family member. People were supported to use an advocate who visited the home twice a week and also took some people to hospital appointments. An advocate is a person who speaks up for someone who feels or is unable to express their wishes. The registered manager and staff told us that the advocate spent time chatting with people in the home and passing on any concerns or information to her.

People were supported to attend their preferred places of worship by volunteers both within the home and at other venues. We spoke with three people who told us that they were helped by staff to attend their preferred place of worship whenever they wanted to go.

People were supported to maintain relationships. Staff told us that relatives were welcomed and could visit throughout the day. One relative said, “The home is accessible and we can visit at any time”.

# Is the service responsive?

## Our findings

People told us that staff gave them choice, were aware of their preferences and treated them as individuals. One person said, “I feel very happy here. The staff are all very good. If I want or need anything I just ask and it is done”. One relative told us, “Mum came for respite and was so improved that she stayed. She is definitely well cared for here”.

We saw that people’s needs had been assessed and were reviewed regularly. Care plans covered all aspects of a person’s individual care needs, the support they needed and how these were met. The manager told us that she had recognised the care plans were not as individual as they could be and was updating these. We saw updated care records where information for staff to follow was clear and the planning of care was focussed on the person as an individual. They showed that people and their families had been involved in identifying people’s preferences and wishes.

We spent time speaking with people and their relatives about how the registered manager responded to their concerns and complaints. People and relatives told us they were encouraged to raise any concerns or complaints with the manager. They told us that they saw the manager often throughout the day and she always asked how they were and if they had any problems. One person said, “If I have a problem, I tell them what I think and it is sorted out”. No one we spoke with had made a complaint but all were aware how to make a complaint. However, one person we spoke with was not aware of how they could complain. The

manager had taken action following recent complaints from relatives about car parking facilities at the home. We saw that improvements were underway to improve the car park area. The grounds of the home were also being improved to provide a more accessible garden and courtyard area. People living at the home, relatives and staff had been involved and consulted in the planning of this.

One person told us that they had recently had a window replaced with a patio door in their room which had helped to improve their independence. This person’s room overlooked a patio area and because they had mobility problems they had trouble accessing this without support. The provider had this work carried out and this person also had the opportunity to redecorate their room how they wanted it done. This person said, “They are very good to me, they look after me”. This showed that the provider listened to people’s experiences and worked with them to improve the quality of care provided.

People were supported to maintain relationships and pursue their hobbies and interests. Entertainment was provided every day for people and visitors who wanted to join in. On the day of our inspection a Bingo session was held. This was well attended and the lounge was full of people laughing, smiling and enjoying themselves. We heard people being offered a trip out with others to a local garden centre. People were encouraged to look after the home’s pet cat. We observed one person feeding the cat after they had their lunch. The manager told us they were a pet friendly home and supported people to bring their pets to live with them at the home.

# Is the service well-led?

## Our findings

People told us they felt involved in what happened at the home and felt their opinions mattered. They told us they saw the registered manager often throughout the day and that she asked for their suggestions for any improvements the staff could make. The manager also held regular meetings with the people who lived at the home. One person told us, “We are asked about suggestions for the home”.

Staff also told us they felt involved in what was happening and that the manager often asked for their opinions. One staff told us, “Yes, we get asked our opinion on things”. Another staff said, “We have had input into the new build and the plans to improve the car park area. We have helped with residents concerns”.

We asked the manager to describe the home’s values and culture. She told us, “We’re an open, honest, involving community. Residents come first, always”. Staff we spoke with echoed what the manager had told us. One staff told us, “It’s homely here. The residents come first”. Another staff said, “The ethos is that this is a home from home. Residents get choice; they have things the way they want, not the way we want”. This showed that staff understood the values and culture of the home.

The home had a clear, stable management and leadership structure which all staff understood. The manager is one of the two owners of the home and so has responsibility as both provider and manager. She knew her responsibilities as the manager and also in sending us notifications as required. She told us she spent most of her time at Holy Cross but when she was not there the deputy managers had responsibility. The provider employed five deputy managers who each had their own responsibilities, such as medicines and staff rotas. The deputy managers explained their roles and responsibilities, told us that they were supported by the manager and were able to contact her at any time day or night. Staff told us there was consistency between all managers in what they said and how they behaved. This showed that staff understood their own responsibilities and accountabilities and knew what was expected of them.

People who lived at the home benefitted from the home’s links with the local community. The manager told us a local group came to the home to earn gardening and hospitality badges. They also attended on bonfire nights. Children from the local nursery came to the home at Christmas to sing carols. Students from a local college who were completing health and social care courses took part in work experience at the home. Several students had carried on working there on an ‘as needed’ basis. This helped to promote the inclusive culture of the home.

We found that arrangements were in place to assess and monitor the quality of the service provided. The manager told us that the information was collected and recorded in a variety of ways. This included regular meetings with people and their families, feedback from the advocate and healthcare professionals, the results of surveys and observations of staff practices. Checks were completed on people’s medicines and care records, although these had not identified the problem we found with quantities of some medicines. The manager told us she would review the medicine checks based on what we found at inspection. She told us that as a result of her findings from care plan checks she had started to review these to make them more personal to each person. We saw evidence that she had started to implement this. Staff told us the manager informed them of any issues or areas for improvement that were identified and involved them in taking action to address these.

The manager told us how she managed incidents and accidents that happened in the home. These were analysed by the manager so that she could see any trends or specific people where patterns were happening. We saw evidence of a recent ‘near miss’ that the manager had dealt with effectively. She said that no incident had actually occurred but the lessons learnt from this were shared with staff to raise awareness of what could have happened. Information we hold showed that she had informed us appropriately of incidents that had occurred.