St Vincent's Care Limited

# St Vincent's Care Limited

## Inspection report

St Vincents Rest Home
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

St Vincent's Care Limited is a residential care home for 25 older people, some of whom are living with dementia. There are 24 bedrooms, which are all en-suite.

At our last inspection on 30 December 2014, we rated the service as good. At this inspection we found evidence continued to support the rating of good in all five key questions. From our on-going monitoring of the service there was no evidence that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager working at the home. A registered manager is a person who has registered with the CQC 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. A new provider bought the home in July 2017 and has made improvements to the service, which included new equipment, specialist beds and additional staffing.

People visiting, living and working at the home gave us positive feedback about the staff, management team and the new provider. People said they could speak with staff if they had a concern and were confident actions would be taken, if required. There was a strong commitment to staff training, which included recognising and reporting abuse, and increasing the staff team's knowledge and skills. There were sufficient numbers of suitable staff to keep people safe and meet their needs. Recruitment practices ensured people were supported by appropriate staff. Medicines were well managed.

Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005) (MCA). Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Staff supported people to be involved in making decisions and planning their own care on a day to day basis.

People were supported to maintain a balanced diet and staff knew people's individual likes and dislikes. People were positive about the food at the service and consideration had been given to make the meal time experience for people a pleasant one. The provider employed a designated activities coordinator; people were supported to follow their interests and take part in social activities, which were of an interest to them. People said staff treated them with dignity and respect in a caring and compassionate way. Visitors praised the welcoming atmosphere and the support they received from staff, particularly when end of life care was being provided for their relative.

Care plans reflected people's needs and gave staff clear guidance about how to support them safely. Care plans were individualised. People were referred promptly to health care services when required and received on-going healthcare support. Staff worked in partnership with other agencies and feedback from visiting health professionals complimented the staff on a well-run and caring service, as well as their professionalism.

The premises were well managed and maintained to keep people safe. There were emergency plans in place to protect people in the event of a fire. A quality monitoring system at the service ensured people's views were sought through meetings, reviews and questionnaires with the aim to continuously improve the service.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# St Vincent's Care 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 was planned to check 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.

St Vincent's Care Limited provides care and accommodation for up to 25 people. At the time we visited, 24 people lived at the home; one of whom was on a respite stay. The inspection took place on 6 and 7 February 2018. The first day was unannounced and carried out by one adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of caring for someone who is living with dementia. On the second day only one adult social care inspector visited.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We met people who lived at the service and received feedback from 14 people who were able to tell us about their experiences. Some people using the service were unable to comment on their experience of life at the home. We spent time in communal areas observing staff interactions with people and the care and support delivered to them. We used the Short Observational Framework for Inspection (SOFI) in the unit. SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We spoke with seven visitors and six staff to ask their views about the service, plus a visiting health professional. We also reviewed the service's own quality assurance system and feedback from questionnaires.

We reviewed information about people's care and how the service was managed. These included three people's care records; along with other records relating to the management of the service. This included three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.  We also looked at people's medicine records and the systems in place for

managing medicines, and we checked how they were administered to people.

Good

# Is the service safe?

## Our findings

The service continued to provide safe care to people. People said they felt safe and shared examples with us, "I feel safe because the staff are always around if you need anything so I don't need to worry about anything, even at night there is someone to look in to see everything is ok." People also said "No one ever shouts or makes me unhappy" and that their sense of feeling safe added to their happiness, although one person felt less safe at night. In contrast, another person said agency staff were nearly as good as permanent staff. A visitor said staff quickly diffused disagreements between people and kept the atmosphere calm.

There was always sufficient staff available to meet people's needs. People said they also felt safe because there were enough staff on duty who knew how to support them, which was reflected by the staff rotas. For example, staff responded to call bells and people said "When I ring the bell they come quickly", "They come quite quickly when I push the bell or they come and tell me they'll be a few minutes" and "Someone comes quite quickly." A visitor said "It is very safe here; I could live here happily. (X) has never fallen here; she used to fall every day in her flat, they are here in a flash if she calls."

Records showed the staff team was stable. When necessary, agency staff were used to supplement the care staff team, for example to cover sick leave. Some people living at the home preferred longer term staff to care for them as they knew them better. Despite a recruitment advert, cover had not been found for a staff member who was on maternity leave; this meant cleaning tasks were shared amongst staff to support the remaining cleaner. People said the standard of cleaning had suffered as a result, for example dust on their furniture in their rooms. However, other areas of the home were clean, including toilets and bathrooms. The management team said the staff member was returning to work in February 2018 so this would be resolved but confirmed they would consider other solutions in the future if the situation arose again.

Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns. For example, we reviewed the records relating to a person whose mental health had put them at risk of self-harm. These records showed how staff had worked with health professionals to enable the person to remain living at the home. Conversations with staff showed their commitment to reducing risk whilst acknowledging the reality of the person's long term health needs and responding quickly to changes in their mental well-being.

The new providers had agreed to an additional staff member in the mornings to reflect the increase in some people's care needs; staff said the result was people's needs being met in a timely way. One person told us they were "Never wanting for anything, always someone there to help you." People told us staff practice showed they were competent. For example, a visitor said "I would not hesitate to voice any concerns about safety, they appear to maintain the equipment regularly and the carers seem to be well trained in the operation of the hoists." This was confirmed by our own observations and staff training records. Staff explained their practice and what they had learnt from a recent refresher training course in moving and handling, which included varying their approach depending on their assessment on the individual's ability and their own confidence and experience.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Risks to people were recorded and reviewed with measures put into place to reduce assessed risks. Staff identified which people need extra support to help reduce risks to their health, such as falls. Where people were at risk of falls, their risk assessment identified what equipment was needed to keep them safe. Staff shared a recent example where additional equipment had been provided to help reduce the risks for one individual who had fallen out of bed. Records showed they had advocated on the person's behalf for the original recommended equipment to be reviewed by health professionals to respond to the person's individual needs.

People's care plans contained a variety of risk assessments for issues such as mobility, skin integrity, nutrition and hydration including any special dietary requirements or food allergies and dislikes. Environmental risks were assessed to ensure safe working practices for staff, for example, to promote good moving and handling techniques through training and observation of staff practice. Environmental checks were completed to help keep people safe, such as monitoring hot water temperatures, servicing equipment and fire drills.

The service had good systems in place to safely support people with the management of their medicines. There were regular reviews of medicine policies, which ensured current best practice was incorporated into the policy and provided up to date guidance for staff. Medicines were stored appropriately, including those needing additional security. Medicine records (MARs) were well kept and provided an audit trail if there was a medicine error. Systems had been adopted to reduce the risk of errors, including photographs of each person receiving support with their medicines and information regarding known allergies. Staff were able to tell us what would happen in the event of a medicine error to prevent recurrence and share learning. Medicine audits were conducted daily.
Staff said they felt confident in the safety of the systems and that their training had prepared them for the practicalities and responsibilities of their role.

Staff had access to policies and training to help ensure good infection control procedures were followed. This included the use of personal protective equipment (PPE) such as gloves and aprons. There were plentiful supplies of PPE around the home.

Good

# Is the service effective?

## Our findings

The service continued to provide effective care to people. People said they were provided with effective care and support by staff who were skilled and understood their needs. For example, they said "They always give me my pills on time; I could never remember on my own; they watch me swallow them and write it down." People looked comfortable and at ease with staff. The way staff spoke with people showed they had an understanding of the needs of people living with dementia. They were patient, gave eye contact and took time to provide information in different ways to help the person understand and be involved in decisions. A relative said "They are good with residents with dementia, mostly by remaining calm and remembering their best times of day." Another visitor said the staff were very knowledgeable and supportive. In a written comment, a health professional said "The staff go above and beyond for the patients in their care."

Care workers clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. Staff took time to ensure they understood how people were feeling by assessing their body language, as well as listening to people's verbal responses. For example, staff monitored people's pain relief in an effective way. Staff worked in partnership with people. For example, a person said "They never let you do any of the heavy stuff but encourage independence by letting you do things you are capable of. You only have to ask for help and it is there." We saw how a staff member was inclusive in their approach during a craft session, recognising when people needed additional support or a clearer explanation or demonstration. They listened to people's views and managed the session at people's chosen pace by observing facial expressions and body language, as well as their conversation.

Staff praised the quality of support and training they received to enable them to perform their role. For example, they told us "I love working here...It is a great place to work" because the management team, including seniors, led by example with training and "all staff are so supportive with everyone is treated as an equal." There were good systems in place to ensure staff were competent. For example, staff training to dispense medications involved a number of observations to ensure staff were confident and safe in their practice. Regular competency assessments were conducted to ensure continued good practice and records showed regular supervisions took place.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations. Agency staff were reminded to check if people had an authorised application before they enabled people to leave the home.

Records showed people were offered a varied diet and staff checked what people would like to eat from the menu. For example, people told us "The food is good and we have a choice from the menu", "Food is great, the cook is great" and "Cook's very friendly, she treats me sometimes with a nice piece of haddock." People were supported with drinks and snacks throughout the day, and a variety of drinks were available which

people had access to in the lounge. Records were kept if people were at risk of weight loss to monitor people's food and fluid intake, and changes to food preparation made to meet people's dietary needs.

Care records confirmed people had access to external health professionals when required, such as dentists, opticians and GPs. Visiting health professionals said in their response to a survey that staff followed advice, were caring and provided good information. Care plans contained comprehensive information such as medical history, continence, nutritional needs, medications, multi-disciplinary team notes and GP notes. Records showed staff supported people with attending their hospital appointments. People were positive about their access to health care professionals. For example, being able to keep their own local GP when they moved to the home and "One thing I really appreciate is if you want to see a doctor one always comes."

The home's environment was well-maintained with two communal lounges and a dining room. The lift was regularly serviced but there had been periods when emergency repairs had been needed. Staff had been quick to call in an engineer or if needed the emergency services. Plans were in place to address the reliability of the lift. Stair lifts had already been installed as a back-up if the lift was out of action. This meant people would not be isolated in their rooms if the lift needed repairing.

There were contrasting colours in the furnishings and carpet in the lounge. This contrast helps people with sensory loss navigate their surroundings and can help reduce the risk of falls. The registered manager and the deputy manager were open to researching current best practice on dementia friendly design as part of future refurbishment of the home. There was an accessible garden which people told us they enjoyed using in the good weather.

Good

# Is the service caring?

## Our findings

The service continued to provide a caring service to people. People and relatives gave us positive feedback about the care provided in the service. We saw staff were kind, considerate and caring.
For example, one person living with dementia appeared tired, which staff recognised. Staff talked with them about where they would be most comfortable. The person indicated they wanted to go back to bed and staff went to fetch the equipment needed to move them. When the staff member returned the person was less clear about their wishes and needed reassurance. The staff member was very gentle with them, taking time to ensure they had their permission to move them. The staff member changed their style of approach, using gestures to supplement their language, to help the person express their wishes. The staff member and their colleagues managed the situation well which ended in gentle laughter and the person smiling.

There was an unhurried atmosphere in the home that allowed people time to make their way around the house and supported their independence. We observed all staff showing affection throughout their interactions with people. They were friendly and warm in their conversations with people, crouching down to maintain eye contact and touch to communicate. People were cared for by care workers who knew their needs well. For example, offering snacks to try and tempt a person whose appetite was poor.

People were treated with dignity and respect. Staff showed their respect to people living at the home by their practice. For example, a person said "The carers are very polite, they knock and say 'can I come in?'" Staff asked people's opinions and included them, rather than just carrying out a task. People told us "I like to wash myself but they supervise you in the bathroom and help when needed" and "Bath time is dignified and they wash my back, they are very patient and never lose their temper or get cross." People told us they had a choice of having a male or female staff member help them with personal care, and that this choice was respected.

Visitors praised the attitude of the staff and the support they provided to them as relatives. For example, a relative said "They have all been amazing with me, giving me support; they say 'we are here for you'."

Staff were familiar with the specific needs of the people they cared for and could describe how they met people's individual care and emotional needs. People's social history had also been recorded in their care plan. This gave a 'pen picture' of a person's life history, their interests, likes and dislikes, activities or interests that they had enjoyed. We saw staff used this information as a prompt when communicating with people whose memory and communication skills may be deteriorating. For example, discussing past events and significant people.

Good

# Is the service responsive?

## Our findings

The service continued to provide responsive care to people. Where possible the registered manager or deputy manager visited people to assess their needs and discuss their wishes and ways they wished to be supported before they moved to the home. For example, "The manager and deputy came to our home to assess my wife and talk about St. Vincent's. They were kind,friendly and understanding. They told me I could come in anytime to see the facilities, they mentioned activities as well...I am satisfied that she will be safe and well cared for while I am away..." This assessment information was then used to develop a care plan. This ensured staff were fully briefed on a new person's care needs prior to their arrival.

Staff also had a handover at the beginning of each shift to update them on changes to people's well-being or health, as well as the needs of new people moving to the service. During our inspection, we saw staff were quick to pick up on changes to people's health and well-being. They worked as a team and kept each other up to date. Following feedback on the first day, staff changed how and where they exchanged information to maintain confidentiality.

We looked at care plans for people with varying needs, including a person with long term mental health needs and a person living with dementia. Each person had a care plan that was tailored to meeting their individual needs. These were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. People's care and support was planned in partnership with them. For example, people had signed their care plan, or where appropriate, a person with a legal power to sign on their behalf. This is important because it signifies that the care plan is developed with the individual and has their agreement. Daily records showed staff were responsive to people's needs as they provided a clear account of how the person had been supported and documented changes to their health or emotional well-being.

People were positive about the role of a staff member responsible for the activities programme; they were supported to maintain hobbies and interests. The staff member knew people's preferences and interests, such as visiting some people in their rooms. There were regular planned and varied activities, including entertainers coming in to the home. For example, photos showed people interacting with a range of exotic animals. People living at the home with the support of staff and visitors discussed their positive reactions to this experience, such as holding a snake. Many people were positive about the social life at the home, for example "I join in as many activities as I can, you can't sit back and not take part" and being supported to attend a Remembrance service. However, some visitors said in their view people would benefit from more stimulation across the week as some people could become restless.

Staff told us how they supported a person with increased health care needs because they were at the end of their life. We saw they were attentive, responsive and monitored this person's well-being. A visitor told us "I have been very happy about the care she has received in her last days. She has good pain control and is very comfortable. Everyone is really caring especially the night staff. They have attended to her nutritional needs, seeing she has porridge and liquids..." People said they felt the service provided personalised care. Another relative said "I recommend this home to everybody who has an elderly relative, I like St Vincent's because it

is chintzy and cottagey. The end of life care was amazing; they played her favourite music and treated her with great dignity..."

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory loss can access and understand information they are given. Staff practice showed they were able to communicate with, and understand each person's requests and changing moods. Care records contained clear communication plans explaining how each person communicated and ensured staff knew what aids people needed to help them stay involved in the life of the home. For example, a person said "I have a hearing aid-they make sure they are turned on...I would recommend this place to everyone they are very considerate."

The registered manager decided to review the wording of the complaints process to make it more accessible to people, for example how to contact the providers. Complaints were logged, investigated and responded to in a sensitive manner. People told us staff were approachable and they felt confident concerns or complaints would be addressed. For example, people said "I've got no complaints whatsoever", "No complaints, little niggles get sorted straight away", "Complaints do not arise but if I did have any complaints I would speak to the manager" and a visitor said "The staff are all very approachable so I would have no problem if I had to make a complaint."

Good

# Is the service well-led?

## Our findings

The service continued to be well-led. Since our last inspection, new providers have bought the care home. The registered manager, deputy manager and seniors have remained the same. 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. Therefore there has been a stable and experienced management team running the home on a day to day basis. They have verbally informed people, their relatives, staff and visitors about the new ownership arrangements.

The providers have spent time at the home and met people on an informal basis. Visitors and staff were positive about the impact they had made on the service, such as investment in new equipment, furniture, carpets and additional staffing. Since the inspection, the providers have provided information to CQC about further steps they will take to reassure and update people on their role, experience and aims for the service.

People generally knew who the management team was, particularly the deputy manager who provided hands on care. There was a strong sense of teamwork and the deputy manager also worked on the floor as a cook and a member of the care team, which they said gave them insight into people's needs. They were described by a visitor as "a delight." People said staff were "very approachable at all times", "I can talk to them anytime" and "If I needed to complain I would tell them first, I know they would put things right."

A visiting health professional said "This is a lovely home, very friendly ... weights have been done and care plans are in good order..." Visitors praised the welcome by staff. For example, we saw the cook greet a person arriving for a short stay. The staff member gave their name and their role and welcomed the person and their partner into the home. Other staff members also welcomed them. Visitors told us how much they benefited from the emotional support provided by staff, for example "... when she died every member of staff gave me a hug."

There was a comprehensive quality assurance system in place, which was overseen by staff who had a range of roles for different aspects of the service. We saw feedback from people and their families about the quality of care. People living at the home were encouraged to feedback their views of their care and the service at meetings and on a daily basis staff responded to feedback during general conversation. Regular meetings were held with staff to share information to maintain the quality of the service, with minutes kept. Written feedback from visiting health professionals and care records demonstrated the staff worked in partnership with other agencies to promote the wellbeing and safety of people living at the home.

The premises were well managed to keep people safe. There were emergency plans in place to protect people in the event of a fire and a range of regular environmental safety audits. There were accident and incident reporting systems in place at the service. Accidents in the home were monitored and ensured staff had acted appropriately regarding untoward incidents. They checked the necessary action had been taken following each incident and looked to see if there were any patterns in regards to location or types of

incident. Where they identified any concerns staff took action to find ways so further incidents could be avoided.

The registered manager had notified CQC appropriately. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection on their website and in the home, which is a legal requirement as part of their registration.