

St Saviours Care Home Limited

St Saviours Care Home

Inspection report

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Date of inspection visit:
12 August 2019
13 August 2019

Date of publication:
10 September 2019

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? | Requires Improvement ● |

Summary of findings

Overall summary

St Saviours Care Home is a residential care home providing personal care and accommodation for up to 58 people in one purpose-built building. At the time of the inspection 57 people were supported, some of whom were living with a dementia.

People's experience of using this service and what we found

There was no manager registered with the commission. During the inspection the manager and provider had confirmed that an application to register had been submitted and the manager was waiting for a registration interview. There was no record of an application having been received and the provider was unable to provide us with evidence by way of a reference number to confirm the application had been. This limits the rating of well-led as the registered managers condition has not been met. Since the inspection site visit we have received an application to register however it was returned due to being incomplete.

The management team were aware that some areas such as documentation and care planning needed to be further developed. During the inspection we identified additional areas, including the recording of some medicine applications and documenting night staff involvement in fire drills. There was no direct impact on people however we have made a recommendation about the management of medicines and a recommendation about quality assurance procedures.

People told us they felt safe and were supported by kind and caring staff. Staff knew people well and had developed warm, caring and compassionate relationships with people. People were treated with dignity and respect; their independence was encouraged and where possible people were involved in decision making about their care.

Staff told us they were well supported and had access to a range of training which meant they were able to meet people's needs. Healthcare professionals involved in supporting the home commended staff in relation to supporting people nutritionally with fortified meals and drinks before making a referral for prescribed supplements and also in relation to end of life care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Communal areas were themed which provided people with the opportunity for reminiscence. People could personalise their rooms and benefited from fully accessible, beautifully maintained garden areas.

A range of activities were available, including a dementia café. Activities co-ordinators were attending additional training in relation to activities for people living with a dementia and people with sensory needs.

People's needs were assessed before they moved into the service. This information was used to develop

care plans and 'snapshots' of care which provided a summary of people's needs. The manager was making improvements to care plans to ensure they were detailed and personalised.

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

Rating at last inspection

The last rating for this service was Good (published 14 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

St Saviours 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors 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.

Service and service type

St Saviours Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. A registered manager 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and healthcare professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and four visitors. We spoke with 13 staff including the nominated individual, the acting manager, the support manager, the deputy manager, team leader, senior care workers, care workers, ancillary staff, activities co-ordinators and the training manager. The nominated individual is responsible for supervising the management of the service. In this case they are also the provider and owner of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including six people's care records and five people's medicine records. We looked at staff recruitment and records relating to the management of the service including policy and procedures.

After the inspection

After the inspection we continued to seek clarity about the manager's application to register with the Commission. This involved reviewing the information we held and requesting information from the manager and provider.

We shared some guidance documents with the provider and manager including heatwave planning, the use of surveillance cameras and relationships and sexuality in care homes.

48 hours after the inspection the provider was proactive in sharing an action plan with us detailing actions and improvement to be made, who was responsible and a timeframe for completion.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- During the last inspection it had been identified that measures to minimise risks were not always in place. At this inspection we found some improvements had been made. Risks to people were assessed and action taken to minimise reoccurrence. Assessments in relation to the use of wheelchairs and wheelchair lap belts had not been completed. The manager said she would review this immediately and take appropriate action.
- Premises safety checks were completed and equipment was regularly serviced. Some window restrictors were not of a standard recommended by the Health and Safety Executive and fire drills for night staff were not recorded. The nominated individual immediately arranged for night staff fire drills and sourced replacement restrictors which met the recommended standard.
- Notices were on display in the home to say surveillance cameras were used in communal areas. Access to recordings was limited to the nominated individual, although it could be accessed by the manager to use when analysing any falls or incidents. We shared the CQC guidance on using surveillance in care homes after the inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe, they are very good staff." Visitors confirmed this with one saying, "We'd be quite happy to live here, I've been a (health professional) so I know."
- Any concerns of a safeguarding nature were logged, investigated and actions taken to minimise the risk of reoccurrence.
- Staff attending training in the safeguarding of vulnerable adults and knew how to raise concerns.

Staffing and recruitment

- Staffing levels were based upon people's needs and were calculated using a dependency tool. It had been identified that morning times were particularly busy when people wanted to get up. Night staff now worked for an hour with the day staff so they were able to meet people's needs in a morning.
- Some staff told us there were enough of them to meet people's needs, others said, "It depends on the day" and "Some days are fine but if someone's had a fall or something it can be busy." Staff said if they asked the managers would offer support.
- One person said, "They are busy, evening times are quite a caper, when I want to go to bed they say press the buzzer when you are ready, I think they do well really."
- Recruitment practices were safe and the manager had very recently introduced new documentation to record staff interviews. They said, "I know it needs to be developed further but there wasn't anything previously."

Using medicines safely

- Routinely prescribed oral medicines were safely stored, administered and recorded.
- Some people required pain relief medicines on a 'as required' basis. These are known as PRN medicines. Care records included 'PRN guidance', but these did not always include guidance for staff about when and how to administer these medicines. This mattered for one person because they had communication needs and were not able to say if they needed any medicine. Staff knew people well enough to identify when they needed PRN medicines so the risk that people wouldn't receive their medicine when required was reduced.
- Some people required the application of medicines via a patch or topical creams. The recording of the application of these medicines could be improved by using topical medicine administration records and body maps.

We recommend the provider consider current guidance on the management of medicines in care homes and update their practice accordingly.

Preventing and controlling infection

- The home was clean and tidy with no malodours. Mobility equipment was clean and well maintained.
- A housekeeper confirmed they had access to any equipment or cleaning products they needed. They said, "Oh yes, we have everything we need. We spring clean a room every day and do general cleaning as well."
- The support manager said, "We are advertising for a night time quiet cleaner so they can focus on cleaning door handles and things quietly over night. They will also be cleaning the kitchen."

Learning lessons when things go wrong

- Falls were logged and action taken to minimise the risk of further falls for each individual as well as an overall analysis which was completed to identify trends or patterns. It had been identified that some falls were happening at a similar time of day so improvements had been made in relation to staff deployment which reduced the number of falls.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to the home to make sure staff could safely and appropriately meet their needs. Consideration was also given with regards to the needs of people who were already resident and whether there would be an appropriate mix of people.
- Admission assessments were used as the basis for developing care plans and risk assessments.
- 'Snapshots' of care needs were used to provide staff with a summary of people's main needs.

Staff support: induction, training, skills and experience

- Staff told us they were well trained and were able to make suggestions for any training they were interested in completing. A representative from the Clinical Commissioning Group said, "With the current manager there has been increased engagement at care home training opportunities and events."
- Training plans were advertised, and staff were allocated to attend various sessions including food and nutrition, hydration and skin care.
- Supervision (support) meetings were held with staff and the provider planned to increase the frequency so staff had additional support.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met. People were regularly offered drinks and staff took drinks trolleys around the home several times a day.
- Food and fluid charts were used and staff said, "We have a target for fluid intake that we support people to achieve each day."
- Meal options were varied, and people commented, "I am well catered for," and "The food is good." One person told us the food was not to their liking but through conversation we discovered they were not aware they could ask for an alternative meal.
- An electronic menu board displayed the menu in writing. Pictures of food were displayed but the pictures didn't match the day's menu. The nominated individual said, "I will get that sorted straight away."
- A healthcare professional said, "They should be commended for adopting a food first approach with a fortified diet as an initial strategy prior to requesting oral nutritional supplementation."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they were supported to access healthcare services. People's comments included, "I'm going to have my ears syringed today," "The district nurse visited me recently" and "They called the doctor

out for me."

- A healthcare professional said, "There is a middle tier of seniors, [deputy manager and team leader] who are excellent and work well with primary care. I would encourage St Saviours to take part in regular training and upskilling of staff."
- Advice and guidance from other agencies was documented and included in care plans which supported staff in providing people with appropriate and consistent care and support.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and communal areas, including corridors were themed. For example, corridors were decorated with memorabilia from the 1940's, 1950's and 1960's to make them interesting.
- Outside areas were beautiful and well-tended. The garden and courtyard were fully accessible for people with sensory areas for relaxation, raised beds with flowers and vegetables, and hanging baskets strategically positioned to be seen from people's bedrooms.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were assumed to have mental capacity unless there was evidence that called their capacity into question. Where mental capacity assessments were made these were decision specific and decisions about people's care were made in their best interests. Mental capacity assessments were reviewed monthly.
- DoLS applications had been made and 'holding' letters received from the managing authority due to a delay in assessing applications.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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

- People told us the staff were very kind and friendly. One person said, "The staff are very good."
- Staff spoke with people in a respectful manner and interactions were delivered in a smiling, calm, kind and caring manner.
- Appropriate terms of endearment were used between people and staff. One person said, to a staff member, "I love you." When the staff responded, "I love you more" the person said, "You couldn't possibly love me more than I love you."
- Compliments had been received about the approach of the staff including, "[Names] are the most loving, thoughtful, hardworking and considerate people I have ever met."

Supporting people to express their views and be involved in making decisions about their care

- Before providing support staff always said hello to people and sought their permission, explaining what was about to happen and offering verbal reassurance and encouragement if needed.
- Where possible and appropriate people, and their family members were involved in making decisions about care.
- If family members held lasting power of attorney for finances or health and welfare copies of documentation were kept with people's records. This provided staff with the information needed to make sure those making decisions on the persons behalf were legally able to do so.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when delivering care and support.
- People were encouraged and supported to be as independent as possible.
- Staff listened to people in a respectful and sensitive way without interruptions, which upheld the person's dignity and rights.
- Information was on display with regards to 'the steps to dignity and respect.'
- Some people had telephones in their rooms so were able to make calls in private. One person said, "I ask the lady downstairs to ring my family for me sometimes so I can have a chat with them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff delivering care and support knew people very well and ensured their needs were appropriately met.
- Care plans were in place however some of them lacked detail, particularly in relation to communication needs and the use of moving and handling equipment. The manager was aware of this, and said, "I want to see improvements in care plans, so they include more depth." Care plan training was scheduled to take place the week after the inspection for senior care staff.
- Care plans for people who had recently moved into the service were in place. The manager said, "We add the more personalised information as we get to know people and their likes and dislikes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and managers had limited knowledge of AIS and a policy was not in place. The support manager was proactive in addressing this and immediately ensured a policy was written.
- There was limited information in care plans in relation to people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Two activities co-ordinators supported people seven days a week to participate in social activities. Activities included a dementia café, pop-up shops, singing, dancing and participating in games that promoted exercise. A wish tree was also on display and people were encouraged to share a 'wish' which staff were working on achieving with people.
- People with faith needs were supported to attend faith services in the community and a visiting minister held a service within the home.
- Training had been sourced for the activities co-ordinators in relation to providing meaningful activities for people living with a dementia and/or sensory needs.
- The provider had introduced questionnaires for people and their relatives to complete about their interests and hobbies so ways could be found to support people to follow these.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and during the inspection it was updated to include information that if people were dissatisfied with the response to their complaint they could refer it to the Local Government

Ombudsman.

- People and visitors told us they had no concerns. One person said, "Oh yes, I know who I would speak to if I was worried."
- One complaint had been logged and responded to since the last inspection. The outcome had been shared with the complaint.

End of life care and support

- End of life care plans were in place if people and their families had wanted to discuss their needs and preferences.
- Staff were motivated and passionate about ensuring people felt loved and comforted at the end of their lives. One staff member said, "You make a connection with people, they know your voice and recognise you, it's important that we are there for people and their family."
- A healthcare professional said, "They particularly excel at end of life care. For this they should be commended."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. The rating of this key question has deteriorated to requires improvement. This is because although overall the provider led and governed the service well, and there was a culture which supported the delivery of person centred care, there was not a registered manager in post in line with one of the conditions of the provider's registration for this location.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- There was no registered manager in post. We were notified by the provider that the previously registered manager left their post on 28 February 2019, however they did not cancel their registration until 31 May 2019.
- Interim arrangements for the management of the home were in place and a manager and a support manager who were both in post in February 2019.
- During the inspection the manager said, "I have applied to register and am just waiting an interview." It was confirmed with them that they had completed the CQC DBS process and had submitted a full application to register. On reviewing our systems, we were unable to find an application to register and the manager was unable to provide confirmation of submission. A new application was received by the Commission on 15 August 2019 however further information was required.
- The nominated individual said, "I'm out to provide the best possible care for the people of Retford." They explained that they had oversight of quality monitoring and audits which were completed by the management team.
- A range of audits were completed, including care plans and medicines and observations of staff practice were completed to make sure care was safe and dignified. This included observations made during unannounced spots checks at night-time.
- Whilst the management team were making improvements quality assurance systems had not always been effective in identifying areas for improvement and driving quality. For example, it had not been identified that night time fire drills were not recorded, that there was no AIS policy in place and recording of some medicine applications could be improved upon. There was no evidence of any impact on people.

We recommend the provider consider best practice in relation to quality assurance and continuous improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager said, "Staff meetings are used to promote vision and improvements, as well as the newsletter and supervision."
- The management team were clear about what improvements they wanted to make to the service, but there was no plan about how improvements would be made and how staff would be involved. Soon after

the inspection site visit an action plan was shared with the Commission.

- A healthcare professional said, "Despite the challenges they face I believe that they are a good care home which I am happy to support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider understood their responsibility to be transparent and inform relevant organisations of any incidents, including those incidents that are notifiable to the Commission.
- The manager said, "It's about accepting responsibility and apologising, if a mistake is made own up to it, apologise and discuss it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality surveys were sent to people, relatives and staff to seek feedback on the service. Responses made by staff were being analysed at the time of the inspection.
- Feedback from people and their relatives included that they were happy with the care and staff were friendly.
- Some improvements had been made in response to surveys including increased emptying of waste bins, researching activities for people living with a dementia and increased monitoring to ensure people could reach nurse call bells. The manager said, "Feedback is shared at residents meetings and made available to anyone who wants to see it, there might be one to one feedback and it's going to be in the staff meetings.
- Relatives' meetings had not yet taken place but this was on the agenda for the activities co-ordinators to complete.

Working in partnership with others

- The management team explained that they attended various forums including those run by the CCG and a local care home forum. They also said provider meetings were attended and they liaised with other managers sharing good practice.
- St Saviours Care Home had been nominated for various local awards for which they were waiting the outcome.