SSAFA Forces Help Enterprises Limited

St Vincents Care Home

Inspection report

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Ratings

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

Overall summary

St Vincents Care Home is owned by SSAFA, the Soldiers, Sailors and Airmen's Families Association and is registered to provide accommodation for up to 25 people who do not require nursing care. The home provides support to older ex-servicemen and ex-servicewomen. At the time of the inspection the home accommodated 21 people.

There was a registered manager in post. 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 inspection was unannounced and was carried out on the 17 and 19 June 2015.

People told us they felt safe; however, we found that risks relating to people's health and welfare were not always recorded and managed effectively. We also found that the changes in people's needs were not always identified and responded to appropriately. There were suitable

Summary of findings

arrangements in place for the safe storage and disposal of medicines and all medicines were administered by staff who had received the appropriate training to be assessed as competent. However, we found some medicine administration records were not completed correctly. By the end of our inspection the registered manager had taken action to resolve all of these issues.

People were supported by staff who had received the appropriate training, professional development and supervision to enable them to meet their individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

Staff and the management team had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

People and visitors told us they felt that staff at the home was caring and positive relationships with them. Staff were sensitive to people's individual choices and treated them with dignity and respect. People were encouraged to maintain their family relationships and their bedrooms were individualised to reflect their personal preferences.

People and when appropriate their representatives had been involved in the planning and review of their care. They knew the people they supported well and were knowledgeable about the types of activities they liked to do. People were allocated a member of staff to act as a keyworker whose role was to support the person to stay health.

People were complimentary about the food and were supported to have enough to eat and drink. Drinks were available throughout the day and people and visitors were encouraged to help themselves from a fresh fruit juice bar and coffee station.

People were supported to maintain good health and had access to healthcare professionals such as GPs, chiropodists, opticians and dentists when necessary.

There was an opportunity for people and the families to become involved in developing the service and were encouraged to provide feedback on the service provided. They were also supported to raise complaints should they wish to.

People and relatives told us they felt the service was well-led and were positive about the registered manager who understood their responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the service.

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

People's health risks were not always identified and managed effectively.

Medicines were stored and disposed of appropriately. However, documentation relating to when medicines were administered was not always completed accurately.

People felt safe and staff were able to demonstrate an understanding of what constituted abuse and the action they would take if they had any concerns.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Both management and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were involved in decisions about their care and support and were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

People and their relatives were involved in planning their care. People's preferences and views were reflected in their care plans.

Staff understood the importance of respecting people's choice and their privacy

People's bedrooms were individualised to reflect their preferences.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs and encouraged them to maintain friendships and important relationships.

Summary of findings

People were allocated a keyworker who supported them to stay healthy and to identify goals they wished to achieve.

Staff were knowledgeable about people's choices and preferred activities.

The provider sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The providers' values were clear and understood by staff. The management team adopted an open and inclusive style of leadership.

People, their representatives and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment.

The manager understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events regarding people using the service.

St Vincents Care Home

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 was unannounced and was carried out on 17 and 19 June 2015. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We met with the eight people staying at the home and three visitors. We observed care and support being delivered in communal areas of the home. We spoke with nine members of the care staff, a member of the domestic team, the cook, a member of the maintenance team, the administrator and the registered manager. We also spoke with a visiting health professional.

We looked at care plans and associated records for 10 people using the service, staff duty rota records, four staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in September 2013 and there were no concerns identified.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "The staff are great, I know they have my best interests at heart". A relative told us, "I can relax because I know [my relative] is well looked after and safe".

However, during our inspection we found that risks were not always documented and changes in people's needs were not always identified or responded to effectively. The care plans for three people who had had a number of falls within the home did not contain any falls related risk assessments to assist staff in supporting that person and help to mitigate the risk of further falls. The care records for a person living with dementia recorded that they had had two falls on the same day with 'no injuries' noted. Their daily records of care stated they had become uncooperative at times during the day. People living with a cognitive impairment who are in pain may display different types of behaviours such as restlessness, agitation or aggression. There was no pain assessment tool being used to support this person and help staff understand whether the person was in discomfort and required pain medicine. The care records for other people who had had falls did not contain a body map to show whether bruising had been sustained and to enable other staff supporting the person to be aware of any possible injury or pain.

We pointed out our concerns to the registered manager who took immediate action to address them. By the end of our inspection they had created new falls related risk assessments and ensured that all care plans reflected people's pain management and care needs.

The provider had appropriate environmental risk assessments in place in respect of the day to day running of the home. For example doors, security, use of balconies, the use of the lift, electrical appliances and hot surfaces.

All medicines were administered by staff who had received appropriate training. Once staff had completed training in this area they then had their competency assessed to help ensure their practice was safe. Medicines administration records (MAR) were not always completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines are required to initial the MAR chart to confirm the person had received their medicine. Six of the 20 MAR charts contained a gap where there was no initial to confirm whether a medicine had been administered or not. In addition, MAR charts did not contain any guidance or information to assist staff with the administration of "when required" (PRN) medication, such as paracetamol. We raised these issues with the registered manager as areas for improvement. By the end of our inspection they had taken action ensure that both concerns had been resolved.

There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. The provider had a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions. There was a process in place for the ordering of repeat prescriptions and disposal of unwanted medicines.

There were enough staff available to meet people's needs. The registered manager told us that staffing levels were based on the needs of people using the service. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff responded to people promptly and were able to support individuals continuously throughout the inspection. The care staff were supported by housekeeping, estates and kitchen staff, which meant they were not distracted from their day to day care duties. One person said, "I just need to press it [their call bell], and staff come". Another person told us, "If I need anyone I just press the bell and they [the staff members], come immediately". A health professional told us there were always plenty of staff around when they visited.

There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime, bank staff employed by the provider and staff in other roles within the home who also have care skills. The registered manager was also available to provide support when appropriate.

The provider had a safe and effective recruitment process in place to help ensure that staff who were recruited were suitable to work with the people they supported. All of the appropriate checks, including Disclosure and Barring

Requires improvement

Is the service safe?

Service (DBS) checks were completed on all of the staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the registered manager had received safeguarding training and knew what they would do if concerns were raised or observed in line with the provider's policy. There had been no safeguarding alerts raised over the previous 12 months. However, the registered manager was able to explain the action they would take to investigate any safeguarding alert if one was identified.

Accidents and incidents were recorded and contained sufficient detail to allow staff to identify patterns and put in place remedial actions. The registered manager monitored and reviewed all accident and incident records to ensure that appropriate management plans were in place.

There were arrangements in place to deal with foreseeable emergencies. There was also a fire safety plan for the home. Staff were aware of the plan and were able to tell us the action they would take to protect people if the fire alarm went off.

Good

Is the service effective?

Our findings

People and visitors told us they felt the service was effective and that staff understood their needs and had the skills to meet them. One relative said "The home is superb" and that staff had looked after [their relative] when they have been well and unwell. They added "I have no concerns". People told us that staff asked them for their consent when they were supporting them. They said staff encouraged them to make decisions and supported their choices. People's consent to aspects of their care had been recorded in their care plans.

The Mental Capacity Act 2005 (MCA) provides a 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 should be made involving people who know the person well and other professionals, where relevant. People told us that staff asked them for their consent when they were supporting them. The manager and staff understood their responsibilities in relation to the MCA.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was subject to any restrictions on their liberty and currently subject to a DoLS, the manager understood their responsibilities, when an application should be made and how to submit one.

There were arrangements in place to ensure staff received an effective induction into their role. Each member of staff had undertaken an induction programme based on the principles of the care certificate which is a set of standards that health and social care workers adhere to in their daily working life. They spent time shadowing more experienced staff, working alongside them until they are competent and confident to work independently. The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as, fire safety, infection control, manual handling and safeguarding vulnerable adults. Staff had access to other training focussed on the specific needs of people using the service, such as, dementia awareness, diabetes awareness and palliative care. Staff were also supported to achieve a vocational qualification in care. One member of staff said "training here is good; you can do both training here and training by outside organisations". Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example how they would respond if they had concerns regarding people's safety.

Staff members had supervision every two months, an annual appraisal and a development review six months after their appraisal. Supervisions and appraisals provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff said they felt supported, and the manager had an open door policy and they could raise any concerns straight away.

People were supported to have enough to eat and drink. They were complimentary about the food and told us they could eat what they liked. People told us the food "was lovely" and there was a "choice". One person said "If you don't like what is being offered then you can have something different". The people are offered a variety of meals from a menu which rotated every six weeks. The menu was devised following discussions with the people using the service and was adapted to meet the individual needs of people's dietary requirements. For example one person liked raspberries on their morning cereal and the registered manager arranged for them to be provided. Drinks were available throughout the day. There was a juice bar and coffee station where people and visitors could help themselves to fresh fruit juice or make a hot drink.

People had the choice of where they wanted to eat their meals which were managed on an individual basis. When the person had finished their starter, their plate was cleared and then their main course was brought out. They did not have to wait for everyone else to finish, so everyone could eat at their own pace without feeling rushed. People chose their meals the day before but were able to change their minds if they no longer wanted their original choice. If the person was going out for the day, they could chose to take a packed lunch out with them.

The kitchen staff were aware of people's likes and dislikes, allergies, preferences and have special dietary requirements. Both the registered manager and the cook were aware of the new regulations in respect of the management of food allergens. These regulations require organisations to display information about the top 14 food allergens, such as nuts or wheat, and list any menu items

Good

Is the service effective?

which may contain any of those allergens. A staff member told us that "the cook adds extra cream and butter to mashed potatoes for those who need the extra calories and uses diabetic custard for those who are diabetic"

Where people were identified as being at risk and required a food and fluid chart. These were detailed and completed fully. Staff recorded the amount people eat and drank diligently after each meal and throughout the day. For example, one person was subject to a restricted fluid intake. The fluid chart in their care record contained up to date details of the person's fluid input and output.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments to be seen by health professionals such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. A health professional told us there was good communications between them and the staff at the home, who were effective in following up on any action they had requested them to take.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People and relatives told us they did not have any concerns over the level of care provided or how it was delivered. People's comments included that the staff were "caring", "everyone is lovely" and "everyone is so kind". A relative said that staff were "very caring and patient with [their relative]. Without fail staff always have a smile when you see them".

People were cared for with dignity and respect. Staff spoke to people with kindness and warmth and were observed laughing and joking with them. Staff responded promptly to people who required assistance. One person, who was living with dementia continually wandered away from the table at meal times. Staff patiently reminded them it was lunch time and encouraged them to eat their food. With this gentle prompting the person was seen eating their lunch, which they appeared to enjoy.

People, and when appropriate their families, were involved in developing their care plans, which were centred on the person as an individual. We saw that people's preferences and views were reflected in their plans, such as the name they preferred to be called, what time they wanted to get up, get washed and dressed and in what order. Staff used the information contained in people's care plans to ensure they were aware of people's needs and preferences. People were given the choice about who provided their care. A staff member told us that people had the choice of choosing the gender of the staff who supported them with their personal care.

Staff had good knowledge of the individual's likes and dislikes. One staff member told us "one person chooses to sit on their own at lunchtime as they often fall asleep half way through". They added "We try and make conversation with them so they don't feel they are on their own".

Staff understood the importance of respecting people's choice, and privacy. They spoke to us about how they cared for people and we observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited before entering. There were signs on every room in the home, which told anyone outside of the room if the person did not want to be disturbed. Staff used this sign when they were supporting people with their personal care. Although there was an open door policy for visitors, staff would check with the person they were intending to visit before allowing them into the home.

Staff were very respectful of people's privacy and they were able to speak with people privately. There were also rooms available for people to meet privately with friends and family should they wish. The movement of the people at the home was unrestricted and they were able to choose where they spent their time. We spoke to some people who chose to spend their time in their own rooms. They said the staff respected this and offered them opportunities to join others if they wished.

A health professional told us that the staff took an individual approach to meeting people's needs. They added staff showed a good understanding of individuals and were consistent in their approach.

People's bedrooms were individualised and reflected people's preferences with photographs, pictures and other possessions of the person's choosing. The home was decorated to reflect and remind people of their armed services background and memorabilia presented to the home by previous residents were displayed in the upstairs balcony area.

People had access to information in a way and at a time they wanted it. A notice board and a staff picture board were displayed in the communal areas of the home to provide information to people about the staff who were working, activities that were available, advocacy services and how to complain. Posters providing information about the standard of service people should expect was also available on the notice board. This enabled people to go back and check on the information at any time they needed to.

Good

Is the service responsive?

Our findings

People and relatives told us staff were responsive to their needs. One person said staff "make sure I'm okay and have everything I need". Their relatives agreed and added "Staff know [their relative] very well, they keep us updated with what was happening and whether there are any concerns". Another relative told us their family member was able to do what they want and staff were supportive and understood their needs. A health professional told us the staff were excellent and knowledgeable about the people they were supporting.

People were involved in decisions about their care and support, which reflected people's assessed needs. The support plans described people's routines and how to provide both support and personal care. Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and behaviours.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift, which provided the opportunity for staff to be made aware of any changes to the needs of the people they were supporting.

Each person had an allocated keyworker, whose role was to be the focal point for that person and help them to plan and shape the support they need. Each of the key workers carried out a monthly review with the person of their needs, their progress towards any goals identified and to seek the person's views about their support.

Staff were knowledgeable about people's right to choice. They were aware of the types of activities people liked to do. People had access to activities that were important to them. People were independent and encouraged to maintain links with the local community. People who use the service are able to do as much or as little as they want. One person went to the local British legion club to meet up with friends and have lunch; another person went out with a family member. Their relative told us "this is a home from home, we took [their relative] out for the day yesterday and we are off to lunch with them today".

People were supported to maintain friendships and important relationships with their relatives; their care records included details of their circle of support. One relative told us they "had travelled down for [their relative's] birthday. It is so nice here, they had arranged a little party for [their relative] and we were invited to join in". People told us there were plenty of quiet areas where they could talk with their relatives in private. Relatives confirmed that the home supported their relatives to maintain the relationship.

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints, if they were dissatisfied with the service provided at the home. The home arranged residents' meetings to give people an opportunity to express their views about the service. The provider asked people and their relatives to complete annual satisfaction surveys. One relative told us "I just completed a survey for the home, I ticked excellent for everything. I know my [relative] had one and did the same. The care here is excellent". The provider and the registered manager analysed the responses to the survey. The register manager told us that if issues were identified they would use the information to help develop an improvement plan for the home.

There were arrangements in place to deal with complaints which included detailed information on the action people could take if they were not satisfied with the service being provided. The registered manager told us they had not received any complaints since our last inspection. They were able to explain the action they would take to investigate and respond to any complaints that came in.

Good

Is the service well-led?

Our findings

People and relatives told us they felt the service was well-led. A relative told us the registered manager made sure everything was well organised at the home. They added, “We are kept up to date each month with what is happening and I know we can visit any time and speak to staff or the manager if we have any concerns or problems”. Another relative said “the home is led from the top, it is very good”. A health professional told us the home was well organised and well lead.

The provider’s vision and values were set out in the ‘service user’s guide’. There were posters reinforcing the provider’s expectations with regard to people’s experiences of the care displayed in the home. There was a clear management structure with a registered manager, heads of departments, senior care staff and administration staff. Staff understood the role each person played within this structure. There was the opportunity for people and their relatives to comment on the culture of the service and become involved in developing the service through regular feedback opportunities such as monthly resident meetings and the annual feedback survey

Staff were aware of the provider’s vision and values and how they related to their work. Regular staff meetings provided the potential for the management team to engage with staff and reinforce the provider’s value and vision. They also provided the ability for staff to provide feedback and become involved in developing the culture of the service. There was an opportunity for staff to engage with the management team on a one to one basis through supervisions and informal conversations. Observations and feedback from staff showed us the home had a positive and open culture. Staff spoke positively about the culture and management of the service.

One staff member said, "We are encouraged to discuss any issues at the end of each meeting the manager goes around to see if anyone wants to raise anything”. They added “If you don’t want to raise something at a meeting you can always speak to the manager direct as she has an open door policy”. Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one to one or staff meetings and these were taken seriously and discussed.

The provider had suitable arrangements to support the registered manager, for example monthly meetings, which also formed part of the quality assurance process. There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. These included regular audits of medicines, eye drops and creams, the call bell system, environmental health and safety, and fire safety. The registered manager also received a daily handover each morning in respect of the people using the service and carried out an informal inspection of the home during a daily walk round. The provider also carried out their own quality assurance process and provided documentary feedback of their findings to the registered manager. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider’s registration.