St Cuthbert's House Limited

St Cuthberts House

Inspection report

Sidmouth Road
Low Fell
Gateshead
NE9 6US
Tel: 0191 482 3167
Website:

Date of inspection visit: 29 and 30 September and 7 October 2015
Date of publication: 07/01/2016

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

Overall summary

This was an unannounced inspection which took place over three days, 29 and 30 September and 7 October 2015. The last inspection took place on 23 May 2013. The service was meeting the regulations in force at the time.

St Cuthbert's is a care home situated in a residential area of Low Fell in Gateshead. It is registered to accommodate up to 28 people who require personal care and have enduring mental health issues. At the time of the inspection there were 27 people living there. It currently has an all-male client group.

The service had a registered manager who had been registered for 19 years and re-registered in 2010. A registered manager is a person who has registered with the Care Quality Commission (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.

Summary of findings

We found that people's care was delivered safely and in a way of their choosing. They were supported in a manner that reflected their choices and supported them to remain as independent as possible. Where people needed further support this was acted upon.

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed when people's conditions changed. The advice of external healthcare professionals was sought as people's needs changed over time.

Staff stated they were well trained and encouraged to look for ways to improve their work. Staff felt valued and this was reflected in the way they talked about the service, the manager and the people they worked with. Staff were encouraged to access training to meet the needs of people who used the service. Staff shared skills in working with people and supported each other to provide a consistent approach.

The service was in the process of having additional building work carried out. People had been involved in decisions about the decoration of their rooms, these were personalised and comfortable.

People, relatives and external professionals were complimentary of the service, and were included and involved by the staff and manager. They felt the service being provided met people's needs well.

There were high levels of contact and supervision between the staff and people who used the service, seeking feedback and offering support as people's needs changed. People felt able to raise any questions or concerns and felt these would be acted upon.

Staff were seen to be caring and to have a good relationship with people. Relatives and external professionals said the staff team knew how to care and were innovative in finding ways to improve people's quality of life. People told us the staff team was consistent and staff knew them well.

The service had a registered manager who was considered approachable and supportive by people, relatives, staff and external professionals. People and their relatives told us the registered manager helped to bring positive values into the services through support and mentoring of the staff.

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?

Good

The service was safe. Staff knew how to act to keep people safe and prevent further harm from occurring. The staff were confident they could raise any concern about poor practice in the service and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs safely. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

We saw that people were supported with their medicines by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. Staff received support from senior staff to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Staff attended the provider's training.

People could make choices about their food and drink and alternatives were offered if requested. People were given support to eat and drink where this was needed.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People were encouraged to be involved in how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

Is the service responsive?

Good

The service was responsive. People's needs had been assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made to respond to requests from people using the service and external professionals.

People who used the service and visitors were supported to take part in recreational activities in the home and the community. We saw the service was being improved to meet the needs of people who lived there.

People could raise any concerns and felt confident these would be addressed promptly.

Summary of findings

Is the service well-led?

Good

The service was well led. There were systems in place to make sure the staff learnt from events such as accidents and incidents. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The provider had notified us of any incidents that occurred as required. People were able to comment on the service provided to influence service delivery.

Those people, relatives, staff and external professionals spoken with all felt the manager was approachable and responsive.

St Cuthberts House

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.

This was an unannounced inspection which took place over three days, 29 and 30 September and 7 October 2015. On days one and two we visited the service, on day three we contacted relatives and external professionals by phone.

The inspection team was made up of an adult social care inspector 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.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adult's team and commissioners of care was also reviewed. They had no concerns about the service.

We spoke with six staff including the registered manager, eight people who used the service and two relatives. Observations were carried out and a medicines round was observed. We also spoke with four external professionals who regularly visited the service including a professional advocate.

We reviewed four care records, four medicines records and staff training records. Other records reviewed included safeguarding adults records and deprivation of liberty safeguards applications. We also reviewed complaints records and five staff recruitment/ induction/ training and supervision files. We also looked at minutes of staff and resident meetings, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining area, offices, storage and laundry areas and, with their permission, some people's bedrooms.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living there. One person told us, "Wouldn't change a thing, I feel safe here." Another told us, "I can go out, and tell them when I will be back. If I am late they ring to check where I am. Or I ring them to say I will be later." Relatives we spoke with also told us they felt happier knowing their family members were looked after safely by the service. One relative told us, "(Name) used to be in all kinds of trouble in the past. But now they keep (Name) safe and (Name) doesn't keep falling in with bad company anymore."

Staff had attended safeguarding adults training and were aware of the issues and vulnerabilities people may face from themselves and the community due to their complex needs. Staff we spoke with were aware of people's backgrounds and histories of unsafe behaviour.

Staff had developed care plans which highlighted potential areas of risk for each person. We saw that these risks had been assessed with the involvement of the person concerned and took into account their wishes and choices, where they had capacity. Where people did not have capacity, staff had assessed this, involving the person, family members and external professionals as appropriate. These plans set clear goals, and made contingencies for any untoward events. They were reviewed regularly and records showed that progress was made in reducing the risks, and over time the level of support needed for some people. For example one person went for long trips out, with pre-planned bus schedules in place so staff knew when to expect them back. This gave both the person and staff reassurance over time to continue and extend these trips out.

Staff and external professionals were able to tell us about some of the risks that people may have faced. One example was a client who had alcohol misuse issues. They had worked with the person's care manager and the person to put a plan in place that allowed the person to control their intake and reduce episodes of incontinence and behaviours.

The registered manager carried out regular checks in the building to ensure safety. Risks in the smoking room were managed well and refurbishment was taking place to improve the communal areas of the home further. We saw that risks in people's bedrooms around spills were managed by the provision of non-slip flooring where required. The home had contingency plans in place to manage emergencies that may occur, such as fire. Regular checks of fire safety and evacuation procedures took place in the service.

We saw that the manager had a system in place to log accidents and incidents and learn from these. The examples we saw showed that the service learnt from minor incidents and took steps to prevent reoccurrence. For example, one person's mobility was deteriorating, falls had occurred and they were increasingly unsteady on the stairs. Signage and advice to staff was to support the person to use the lift, and at night a door alarm meant staff could attend if the person left their room and needed support.

People told us there were enough staff to meet their needs throughout the day and night. Staff told us they felt there were enough staff at all times to meet the needs of people living there. The registered manager told us they would review staffing levels as people's needs changed.

Before staff were confirmed in post the registered manager ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at five recruitment records and saw this process had been followed; this was confirmed by the staff we spoke with.

Staff handled medicines safely and hygienically and completed medicines records accurately. Staff were trained and mentored into the role to ensure they were appropriately skilled and knowledgeable. Audits were undertaken by the registered manager to ensure that staff remained consistent. There was evidence seen of liaison with external professionals, such as psychiatrists and GP's for advice about medicines. Staff watched for potential side effects and sought medical advice as needed as people's condition changed. The medicines were stored safely and securely. People were supported to take their medicines with a meal and drinks were offered. One person told us how the staff took particular attention to prompt their 'as and when required' pain relief as they would forget otherwise.

Good

Is the service safe?

Domestic staff were responsible for cleaning the home and supporting people to keep their rooms clean and tidy. The correct equipment was available to support them and we found the service to be mostly clean and tidy throughout. There was a schedule in place for everyday cleaning and regular deep cleans of areas. There were some odours in one of the bathrooms and when we brought this to the attention of staff this was rectified. We also found that some bathrooms had soap and paper towel dispensers which were empty, or had communal fabric towels which may cause a risk of contamination. When we brought this to the registered manager's attention they agreed to increase the checks on soap and paper towel levels in communal bathrooms.

Good

Is the service effective?

Our findings

People told us they felt the service was meeting their needs and effective at doing so. One person told us, "The staff are quite good, X, Y and Z are my favourites, but we can all have a laugh." Another told us "The staff here are cracking; (Name) does anything for you." Another person told us how they sought out staff help with their mental health issues. They told us, "I talk to the staff when I'm like that. I wouldn't live anywhere else." Most people we spoke with also told us how much they liked the food. One person told us, "The food's good. I feel safe at all times. There's always plenty to do." Relatives we spoke with also agreed the service was effective. One told us, "It's a good service, they looks after (Name's) health well." Another family member told us, "They (service) are a good care home. They always ring me to let me know anything important."

External professionals we spoke with also agreed the service offered was effective at meeting people's needs. They told us the service had helped people manage some negative behaviours they had in the past and one felt the service was "Pro-active and had a good relationship with people, their families and external professionals."

Staff received training relevant to their role and were supported by the registered manager and senior carers. All staff went through a common induction programme, and we could see that specialist training on issues such as drug and alcohol management and mental health awareness had been sourced by the manager to support staff. We could see from records that staff were up to date with key training, such as health and safety, and staff told us they found the training helpful in their roles.

Staff spoken with told us they were provided with regular supervision and they were supported by the registered manager. Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to further develop in their role. The records of these supervision meetings contained a detailed summary of the discussion and the topics covered were relevant to staffs role and their general welfare. Staff had an annual appraisal which included reviewing their work performance and their future training and development needs.

Minutes of staff meetings were available which showed discussion and group learning took place about people's changing needs. For example, discussion about future activities in the service and changes to the menu's. Staff told us they found these meetings useful to discuss the issues that affected them as well as ways to improve the co-ordination of the team.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. We discussed these with the manager and staff who were able to identify what steps they needed to take if a person may be eligible. The registered manager had made appropriate referrals and had a process to keep these under review.

We saw in care plans that people's ability to make decisions had been assessed where it was unclear if they had capacity. This showed that the staff and registered manager had considered the risks and benefits and worked with the person to discuss the subject before making any conclusions. Where necessary, they had referred to external professionals and advocacy support as needed. We could see that the rights of people with capacity to make unwise choices was respected by the service and this was reflected in care plans and risk assessments. For example, continuing to consume alcohol when it was known to have an adverse effect on their well-being.

People told us they liked the meals and food on offer. We spoke with the chef who told us how they composed the menu with different options each day. We saw that where people would be out at mealtimes, staff ensured a meal was kept for them. We observed a mealtime and saw it was relaxed and there was conversation between staff and people. The meal times were split so that those who needed more support ate when staff had dedicated time to support them. One person told us, "I love the food, good chicken pie and dumplings."

We saw from care plans that people were supported to access local healthcare services. Staff assisted people to attend appointments with dentists and opticians, as well as specialists when required. Healthcare planning in the care plans identified people's long term health care needs and were updated after any healthcare appointments. People's mental health needs were supported, with appointments to psychiatry services and community

Good

Is the service effective?

psychiatric nursing. An external mental healthcare professional told us, “St Cuthbert’s staff act on concerns, are supportive in attending out patients appointments and health checks.”

Good

Is the service caring?

Our findings

People told us they felt the staff were caring towards them. One person said, “The staff are okay, some of them are very caring.” Another told us how staff supported them with their appointments and their benefits when they first moved in. They told us no-one from social services would help them and how the staff and registered manager offered their help and got all their benefits re-started. Relatives also told us they felt the staff team were caring; one told us, “They look after (Name) like he was their own family.”

Staff we spoke with used positive language to describe people, and several talked about the service being like part of their wider family. Staff demonstrated empathy and compassion when we talked with them about some people’s deteriorating condition and how they tried to support them with this. External professionals also spoke highly of the service’s commitment to supporting the people who live there. One external professional told us, “They will try and work with someone till the bitter end.” Another told us, “They respond well to grievances and promote advocacy to support people when it’s needed.”

We saw that the registered manager held regular meetings with people using the service, as well as having an open door policy so they were accessible to people and staff. From records we saw that changes to the building, to menus and activities were all discussed. People told us these were useful as they felt listened to and included in decisions about how the service developed.

We saw staff spending time with people in all the communal areas, talking with them, or people using equipment in the activities area. People and staff were relaxed in each other’s company, talking about events in the service or about current sport events. We saw people and staff using the games in the activities areas, as well as a computer game projected onto a large screen.

Staff we spoke with understood their role in providing people with compassionate care and support. There was a ‘keyworker’ system in place; this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support.

We were told by staff that some people had regular advocacy support, and explained how they supported others to access advocacy services when they were needed. We spoke with an external advocate who told us the registered manager accepted challenge and responded appropriately.

We saw that care records were kept securely and staff told us that, whilst the service liked informality, they still needed to ensure they did not discuss people’s needs in communal areas.

People said their privacy and dignity were respected at all times. We saw people being prompted and encouraged considerately and staff were seen to be polite. People were able to spend time in the privacy of their own rooms and in different communal areas of the home. Personal and family relationships were respected and supported, for example when family members called refreshments were offered. Staff were able to explain the practical steps they would take to preserve people’s privacy, for example when providing personal care or by always knocking on people’s doors and awaiting a response before entering. We saw that domestic staff knocked on people’s room doors before entering.

Good

Is the service responsive?

Our findings

The service was responsive to the needs of the people living there. People told us that the staff and registered manager were always there when they needed them. One person told us, "I go out with staff to the pub for a couple of drinks. When I wanted more than my agreement states the staff member rang the manager to see if this was okay. We discussed it and agreed it was okay." Another person told us, "I used to be isolated before I came here, and I isolated myself when I first moved. But the staff got me to come out of my shell and I feel much happier now." Relatives we spoke with also told us similar things, that staff had made progress in supporting people to manage and improve people's personal care and moderate their alcohol consumption.

Staff told us how they tried to ensure that they looked for changes in how people were managing, for example, their self-care. Two staff told us how they noticed that one person's self-care ability was deteriorating, as was their overall mobility. They told us how they liaised with the person's GP and referrals were being made for further tests, but in the interim their care plan had been changed so staff offered increased support during personal care.

The care plans we looked at contained details about the person's needs, as well as any plans for the future. These were detailed and person centred, talking about people in terms of goals and progress. The plans indicated where staff should encourage people to self-care, or where they should provide direct support. Review records were examined which showed that changes were made over time and that plans were updated. We saw that people had been involved in the creation of their care plans and were involved in reviews.

We found one care plan that was not fully completed and lacked some information. When we brought this to the registered manager's attention they advised they had not received this information from the placing local authority to complete this care plan within the usual two week period. They contacted the placing authority again and before we finished the visit the care plan had been completed.

People told us that staff kept them involved in any discussions about their care plan. Staff told us how they sometimes gained feedback from people who did not wish to be formally involved in discussions about their care, or those who lacked capacity. External professionals we spoke with all told us that the staff team and registered manager always made efforts to get peoples input into their care plans and at reviews.

The service had regular planned activities inside and outside in the community. Some people attended external activities independently or with support, and staff encouraged people or assisted with prompts and reminders. A number of staff and people told us about an upcoming trip to York. We saw there was an activities room at the service with games and game machines for people to use; we saw this in use throughout the visit.

We saw that some of the people using the service had a history of social isolation before coming to the service. Staff told us how they worked with people to develop a relationship of trust and get them to spend time in the communal areas of the home. We saw from one person's records how they had initially spent almost of their time alone in their room in the past, but were now making relationships with other people and staff, developing their confidence.

People told us they would complain if they had any issues, and that they felt the staff and registered manager would respond to any concerns they raised. Staff told us that people did not usually need to raise formal complaints as the meetings with people, and registered manager's open door policy meant issues were raised quickly before they escalated. The registered manager confirmed this and was able to tell us the process they would follow if a formal complaint was raised by anyone. They told us the process of listening and involving people before making any changes meant they were less likely to get complaints.

Good

Is the service well-led?

Our findings

People told us the service was well led. One person told us that the registered manager was, “There to answer any question or problem I have.” We observed that the registered manager was visible in the service throughout the visit, and that they prioritised dealing with people’s questions over other matters. The registered manager was very knowledgeable about the needs of people using the service and was able to answer any queries we raised.

One staff member told us the registered manager was, “Approachable, easy to work with and supportive when I had personal problems.” All the staff we spoke with felt the service was well led and that the ethos of the service was to care for someone like they were your own family. We saw staff express pride in the way they talked about their work, and in the quality of the service they provided to a complex group of people. Staff who had worked in other residential homes were able to tell us why working at this service was better for them as staff, and better for the people using the service. Staff told us they felt they had more time to spend with people.

External professionals we spoke with also told us they found the registered manager and staff team to be effective. One external professional told us the registered manager was “Honest and able to relate to their residents (People).” Another told us “(Name) treats them (People) well, like family.” They told us that the service had helped people manage some quite complex issues well, had kept them involved and had achieved positive outcomes for people.

Throughout the visits the registered manager was open with us about the challenges the service faced, how they overcame these and how they hoped to continue to develop the service in the future.

We saw the registered manager undertook regular checks of the service for quality and safety, taking action when issues arose. We saw, for example, that changes had been made to the smoking area to reduce risks, and that a new smoking area was being built to further improve that room in line with the requests of people using the service.

The registered manager was clear in their requirements as a registered person, sending in required notifications and reporting issues to the local authority or commissioners when required. We reviewed learning from these incidents with them and could see the registered manager took steps to learn from incidents. We saw that changes had been made to care plans as well as to support offered to staff to manage possible future incidents.

We reviewed minutes of staff meetings and meetings with the people using the service. These were detailed and evidenced discussion about new ideas and ways to improve the service. From these we could see that the manager engaged with people and staff in developing the service, sought their input and took on their suggestions. Staff told us they felt able to raise any issues they might have and thought their ideas were valued by the registered manager.