St Cuthbert's House Limited

St Cuthberts House

Inspection report

Sidmouth Road
Low Fell
Gateshead
Tyne and Wear
NE9 6US

Tel: 01914823167

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Ratings

Overall rating for this service	Requires Improvement

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

The inspection took place on 27 February and 7 March 2018. The first day of inspection was unannounced. This meant the provider and staff did not know we would be coming.

St Cuthberts House 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. St Cuthberts House provides care and support for up to 28 people who have enduring mental health issues. At the time of the inspection there were 26 people living there. It currently has an all-male client group.

The service had a registered manager in place. 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.

We previously inspected St Cuthberts House in September 2015, at which time the service was meeting all regulatory standards and was rated 'Good'.
At this inspection we found the service had deteriorated to Requires Improvement.

At this inspection we found that there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This related to the Registered Manager failing to notify the Care Quality Commission of incidents regarding abuse and a receipt of a Deprivation of Liberty Safeguard authorisation.

You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe living at the service. Staff had completed training in safeguarding people and the registered manager actively raised any safeguarding concerns with the local authority.

Risks to people's safety and wellbeing were assessed and managed. Environmental risk assessments were also in place.

People commented on an ongoing issue with communal toilets and them being left in an unclean manner. We have made a recommendation about the maintenance and cleanliness of communal toilets in the home.

There were enough staff to meet people's needs. Staff continued to be recruited in a safe way with all necessary checks carried out prior to their employment.

People continued to receive their medicines in a timely way and in line with prescribed instructions. Staff had their competencies checked regularly and medicines audits were completed by the registered manager.

Staff received up to date training, regular supervisions and an annual appraisal to support them in their roles.

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

People were supported to access a range of health professionals and information of healthcare intervention was included in care records.

People told us the service was caring. Staff treated people with dignity and respect when supporting them with daily tasks.

People had access to advocacy services if they wished to receive support. Some people had active local advocacy services or Independent Mental Capacity Advocates (IMCAs) involved in decision making relating to specific aspects of their care.

People's physical, mental and social needs were assessed prior to them moving into the home. Care plans were personalised, reviewed regularly and included people's personal preferences.

There was a range of activities available for people to enjoy in the home. People were also supported, where necessary, to access activities in the local community including going to a local club, library and shopping.

There were audit systems in place to monitor the quality and safety of the service. The views of people, relatives and staff were sought by the registered manager via annual questionnaires. There were no negative comments received during the last questionnaires received in 2017.

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.

People felt safe living at the service. Staff knew how to protect people from abuse and the registered manager actively raised safeguarding concerns.

Medicines were managed in a safe way.

Safe recruitment checks were carried out prior to new staff being appointed.

Is the service effective?

Good

The service was effective.

Staff received up to date training, regular supervisions and an annual appraisal.

The Mental Capacity Act (2005) was followed appropriately and Deprivation of Liberty Safeguards were authorised where appropriate.

People were supported to access a range of health care professionals.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be as independent as possible and maintain relationships which were important to them.

People had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to them moving into the

home.

Care plans were personalised and contained details to guide staff how to support people.

People knew how to make complaints and felt comfortable doing so. The service had a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Some statutory notifications were not submitted to the Care Quality Commission.

Staff attended regular staff meetings to discuss different elements of the service.

There were audit systems in place to monitor to the quality of the service.

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 comprehensive inspection took place on 27 February and 7 March 2018. The first day of inspection was unannounced.

The inspection team consisted of one adult social care inspector and one 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 service.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioners of the service, the local authority safeguarding team and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with seven people, spent time with some people who lived in the home and observed how staff supported them. We also spoke with five members of staff, including the provider, the registered manager, a senior care worker and two care workers, one of which also completed handyperson work around the home. We looked at three people's care records and seven people's medicine records. We reviewed three staff files, including records of the recruitment process. We reviewed supervision, appraisal and training records as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in St Cuthbert's House and with the support they received from staff. One person said, "I think this home has first class carers and staff and I'm in safe hands." Another person told us, "The home seems quite safe to me. In any violence (people displaying behaviours that challenge) staff intervene straight away." They went on to say, "I think the home is also secure, as I can keep any valuables in my bedroom and staff are never far away." A third person commented, "It's generally a safe environment to live in."

Staff continued to receive safeguarding training to refresh their knowledge in how to identify potential abuse and report any concerns. Staff we spoke with had detailed knowledge of people's backgrounds, behaviours and ways they communicated their needs. This meant staff had the ability to identify potential signs of abuse through behaviours and mannerisms people displayed.

The registered manager actively raised safeguarding concerns with the local authority and maintained records of each referral made. Records showed that concerns were reported in a timely way and any subsequent actions recommended by the local authority safeguarding team were carried out.

Risks to people's health, safety and wellbeing were assessed and managed. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to prevent those risks. Environmental risks were assessed to ensure safe working practices for staff.

People told us there were enough staff on duty to keep them safe, although some people commented they would still like more staff to be on duty to spend more time with them. One person said, "I think the carers and staff do a very effective job, bells are all over the house, carers are there if you need close care or supervision." Another person told us, "I think there's enough staff working here." A third person commented, "We normally have five members of staff by day and two by night and I think this is enough to keep the home safe, but I always desire more staff as there's always never enough."

During the inspection we observed staff were visible around the home assisting and supporting people when needed. Call bells were answered in a timely way. The registered manager told us they reviewed staffing levels on an ongoing basis, in line with people's needs. Existing staff worked additional hours to cover any staff sickness or annual leave.

The service continued to recruit staff in a safe way. Applicants completed an application form in which they set out their experience, skills and employment history. All necessary checks were carried out for each new member of staff including two references and an enhanced Disclosure and Barring Service (DBS) check prior to staff being employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

People's medicines continued to be managed in a safe way. We spent time with a senior care worker whilst they completed the lunch time medicines round. We noted medicines were administered in accordance with good practice and people were treated with respect and patience. The senior care worker told us they administered people's medicines after their meals, unless they chose to eat late. The service protected meal times so people weren't disturbed during those times and could enjoy their meals in peace.

We viewed a selection of medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Most MARs reviewed were fully complete with no gaps or anomalies and reasons for non-administration recorded where necessary. There were a small number of exceptions which we explored with staff who were able to explain that this was due to people having supplements later than prescribed, for example due to sleeping late.

Regular medicines audits were completed by the registered manager and senior staff to identify any medicines errors. The audits we viewed showed no errors had been identified.

We received mixed reviews from people regarding the cleanliness of the home. They were happy with the home in general but there were concerns raised around the cleanliness of the communal toilets downstairs. One person said, "The home is kept clean, but further improvements are needed from staff to be more effective in maintaining this. For example, the toilets have an unpleasant smell." Another person told us, "I feel my bedroom is kept clean and tidy, staff are in every day cleaning and ask if I'm ok, but some toilets can by dirty." A third person commented, "The home is generally clean, but go to the toilets at your own peril. Some toilets are disgusting and staff don't care about this." A fourth person told us about the toilets and said, "The toilets are disgusting; there are dirty nappies just lying around and urine on the floors."

We spoke with the registered manager about these concerns; they explained that some of these issues arose from people's independence being promoted. Staff were aware of the need to monitor the cleanliness of toilets. We found toilets in communal areas to be clean and free from odour during our inspection.

We recommend that the service consider the frequency of monitoring and cleaning of the communal toilets to ensure cleanliness of toilets is maintained.

The home was maintained with appropriate test certificates for gas and fire alarms available. All checks were complete and up to date.

We saw appropriate maintenance records for lifting equipment. The passenger lift in the home was routinely serviced every three months. However, there were no records of appropriate six monthly Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks being carried out. These are checked carried out on lifting equipment to ensure it is safe to use so as to minimise risks. We spoke with the registered manager about this; they were unaware that this check was required. The registered manager gave assurance that he would arrange for this to be completed on the passenger lift.

Good

Is the service effective?

Our findings

People told us staff were skilled and trained to meet their needs. One person said, "I think the staff have all the required training to look after me and they passed tests successfully, Staff support your needs." Another person told us, "The staff are all very intelligent and they have all helped me loads."

Records showed that staff had completed a range of training in areas such as safeguarding, MCA and DoLS, moving and handling, fire safety and health and safety. Staff had also completed training specific to people's needs such as challenging behaviour. There were some gaps in training records which related to new staff members. The registered manager assured us that they were monitoring training for new staff members to ensure it was completed.

Staff received regular supervisions and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff received three supervisions a year and an annual appraisal. Records of these meetings showed they were used to discuss any training and support needs, key worker duties and health and safety. All agreed actions were recorded and revisited at the next supervision session. For example, to review specific procedures and to be supervised on medicines round.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found the service was working within the requirements of MCA. Some people had DoLS authorisations in place which were contained in their files. People were supported to live their lives with minimum restriction. For example, no keypad locks on the doors leading to the large enclosed garden and being supported by staff to access the community.

People were mainly happy with the food served in the home. One person said, "Food is good in this home. I never starve in here, if I ask staff for food any time, there's always something there for me to eat if I need it". They went on to say, "We have a wide range of food like chicken, roast beef on a Sunday and I look forward to that." Another person told us, "I like the tea and sandwiches, burgers and chips I get in this home." A third person commented, "I like the food, but wish they would take the meat balls of the menu, but staff haven't really responded well to that"; I like most other food though." A fourth person said, "The food is passable, but it would be managed better with a greater mix of choices than we get at the moment."

We received mixed views from one person regarding the food and choices. They told us, "I think the food is well managed for me, I get bread and crisps for supper, and I also get shepherd's pie for dinner. We often get a choice of a meal from the menu." However, they went on to say, "I often change my mind about what I want before the meal is served, but by this point it's too late to change and I just take what I get. I think this should be better managed to allow me to change at short notice. I've also visited the take away to buy food as a substitute for anything I don't like eating in the home."

We spoke with the registered manager about these comments and they informed us that people were involved in meal planning on an ongoing basis. They also explained that the cook would make them something else if they didn't want either option available on the menu.

We observed a mealtime in the home and found the atmosphere to be relaxed and comfortable. Staff had a list of what people had chosen for their lunch and we observed people receiving their meals promptly. Some people did not want either option on the menu and chose to have an alternative instead such as sandwiches. We also observed staff offering a person alternatives when they weren't eating their chosen meal.

There were set meal times in the home but a staff member told us people could eat when they chose and some tend to eat their lunch a little later as they have a late breakfast. One person said, "We usually have set meal times, but staff are very flexible around the times I can eat." Another person told us, "I like to have my dinner at one (1pm). I'm going to go sit in my seat because staff will be bringing my dinner any minute."

People had access to a wide range of health professionals including GP's, opticians, community psychiatric nurses, speech and language therapists and district nurses. Records of any professional visits to the home or appointments were kept, as well as contact notes of discussions staff had with health professionals or treatments people had received.

Good

Is the service caring?

Our findings

People told us the service was caring. One person said, "Staff look after me well. If I want anything I just ask." Another person told us, "I think the staff care for me in the home and like to get me involved in lots of activities like painting by numbers and going to the gym".

The service had recently received an email from a social worker thanking the registered manager and staff for going 'above and beyond' to visit a person who spent a period of time in hospital. They stated it gave the person continuity of care and friendship that they benefited from. The registered manager explained that staff had taking turns to go and visit the person while they were in hospital.

People felt staff were friendly and treated them with respect and dignity when providing support and care. One person said, "Staff respect me and treat me like a member of their family." Another person told us, "I feel staff treat me with enough respect and dignity and I have my bedroom to be on my own anytime I want." They went on to tell us they would like more time with staff at times but the registered manager informed them there weren't enough staff to spend more time than they do with people.

We observed people freely moving around the service and spending time in communal areas or in their rooms as they wished. For example, some people were listening to music and dancing in the games room while others were playing on the video game. People told us they chose how to spend their time during the day and were free to do what they wanted and when. One person told us they liked to spend a lot of time in the game room, listening to music but also said, "I've got a kettle in my room so I can make a cup of tea or coffee when I want. I smoke as well so I go in the smoke room when I want one (a cigarette)."

One person had a social isolation care plan in place as they were identified as being at risk of being socially isolated. The registered manager worked with the person and their social worker to develop a plan to meet the person's needs. This resulted in the person receiving six hours one to one support every day of the week to mitigate the risk of isolation.

People's care records contained information of relationships important to them and they were supported to maintain these relationships. One person said, "I still get to see members of my family. My mother and brother visit me every week and staff are caring enough towards them." Another person told us, "I still get to see my family even though I'm confined to living here; my brother visits me every week, I'm very settled in here."

Most people using the service had few support needs, and staff encouraged them to be as independent as possible while always being available to provide assistance where needed. One person told us, "The manager recognises people's skills and abilities not the disabilities."

Some people were actively receiving support from local advocacy services or Independent Mental Capacity Advocates (IMCAs). Advocates help to ensure that people's views and preferences are heard. IMCAs support people who can't make or understand decisions by stating their views and wishes or securing their rights.

The registered manager told us, "All have advocates who are on DoLS." Care files contained information in relation to people's advocacy contacts.

Good

Is the service responsive?

Our findings

Before people started using the service assessments of the support people needed were carried out. Assessments were detailed and covered areas such as health, physical and mental needs and special dietary requirements and needs. The assessments also covered people's social, emotional and spiritual needs. For example, what religion, if any, a person followed and if they were active in their following.

People had a range of care plans in place to meet their needs identified from their assessments. Care plans were personalised and included peoples' choices, preferences, likes and dislikes. For example, one person's personal care plan stated, '[Person] likes to have a beard and moustache. Likes to have a bath. He likes coconut shampoo.' Care plans were detailed and contained clear directions to inform staff how to meet the specific needs of each individual.

Care plans were reviewed on a regular basis and in accordance with people's changing needs. All care plans were up to date and reflected the needs of each individual person.

People told us and records showed there was a variety of activities that took place in the home both on a one to one basis and in groups. One person said, "This home is full of activities which are managed well like bingo, pool, cards and I like painting." Another person told us, "I get involved in activities within the home like pool, jukebox, and I have a choice to go to my bedroom if I need to by private. The manager is good to me; he lets me borrow his DVDs to watch in my bedroom." A third person commented, "There are also enough activities going on around the house, but I don't always participate in them because I don't want to settle here." A fourth person said, "Staff have encouraged me to take part in other activities around the house."

People were also supported to enjoy activities in the community, although some people wanted to go out into the community more often than they currently were. One person we spoke with said, "I get a taxi to the local sweet shop and to the cinema. I've also been to Sunderland to see a comedian." Another person told us they go out into the community but they weren't happy with how often they go out. They told us, "Staff should let me go out more often. I get very frustrated about being kept in doors too much." They went on to tell us that staff "make lots of excuses" such as there's not enough staff or there isn't enough petty cash that day. This person was subject to a DoLS which meant they were unable to leave the home unaccompanied by staff.

We spoke with the registered manager about this and they informed us they work out staff rotas based on people's needs, including planned activities both in the home and in the community. They went on to explain that unfortunately, they are not always able to take people out at short notice but try to plan community activities with people as much as possible. The registered manager said, "We try to take small groups to the cinema and trips to the coast for fish and chips. That's usually quite popular." They went on to tell us how different people access the community with trips to the shops, libraries, parks and football grounds. The registered manager had a dog that they bring into the service for people to pet. They told us some people like to take the dog for a walk out into the community and thoroughly enjoy it.

The provider had a complaints procedure in place. People told us they knew how to make a complaint if and when they had issues or concerns with the service. One person said, "I once raised a complaint." They went on to tell us the police then became involved and said, "Staff responded well and protected me from harm." The service had not received any formal complaints since the last inspection. The service had recorded concerns raised by people or in relation to people and what action, if any was taken. For example, a staff member received additional supervision that focussed on a specific incident.

Resident and families meetings were organised on a monthly basis. Minutes we reviewed showed discussions around menus and food, in house activities, the suggestion box, building alterations, trips/community activities and recruitment/staff. The registered manager asking people if they would like to be a part of the interview process. We spoke with staff about the meetings and they said, "At times people don't want them so we speak with them on a one to one basis (in these instances)."

The registered manager informed us that there was no one in the home receiving end of life care at the point of our inspection. They went on to tell us of a person who had previously resided in the home who had terminal cancer and received end of life care. He told us they worked with district nurses and said, "Staff spent time with the person." There was an end of life policy and procedure in place that was last reviewed in January 2018.

Requires Improvement

Is the service well-led?

Our findings

The home had an established registered manager who had been in post for a number of years. During our inspection we noted that some statutory notifications had not been submitted in relation to a DoLS authorisation and 10 safeguarding concerns. We discussed this with the registered manager who confirmed there had been some confusion and oversight in relation to the notifications. The registered manager had raised concerns with the local authority safeguarding team but had not notified the Care Quality Commission (CQC). We also noted the registered manager had submitted five other statutory notifications that were not received in a timely manner but sometime after the incidents. The registered manager confirmed there had been some confusion in relation to these notifications also. Statutory notifications are changes, events or incidents the provider is legally required to let us know about.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We received positive feedback from people and staff regarding the registered manager. One person said, "I find David (registered manager) is very nice and approachable if I have had to raise any complaints." Another person told us, "I think he does a good job at leading the situation and knowing what people want from him."

During the inspection we asked for a variety of records and documents from the registered manager and staff members. We found records were easily accessible, stored securely and maintained. Throughout our inspection we found the registered manager and staff to be open, approachable and cooperative when we spoke with them. The registered manager was also keen to receive feedback of our findings with a view to learn how to improve the service. They told us, "I welcome these inspections as it helps me to know what we are doing right and how we can improve the service."

The service had an up to date open door policy in place. During the inspection we observed the office door was locked but people and staff freely knocked and spoke with the registered manager or deputy manager when needed.

Staff told us and records showed that the service held regular staff meetings. We reviewed minutes of meetings which showed discussions around training, care planning, recruitment, appraisals, activities, menus, procedures, safeguarding, lessons learnt/near misses, compliments, complaints and suggestions.

People who used the service were asked for their views via an annual questionnaire. This asked their views in areas such as staff, food, health, daily routines, washing, cleanliness, activities, comments and complaints. The last surveys received by the service in 2017 were from 18 people. There were no negative responses. Examples of comments included, 'Life is good', 'very good', 'nice people' and 'they all try hard'.

Staff also received an annual questionnaire to complete and share their views of the service. These were last sent out in 2017 to 14 staff members and 10 were received. They covered areas such as décor and furnishings, cleanliness and training opportunities. All responses were positive and examples of comments

included, 'The home encourages training', 'It's good, we can do online training at home and get paid' and 'Management of the home, atmosphere (is good)'.

Annual family and friends surveys were sent out annually and were all positive when last received in 2017. Comments included, 'Always pleasant, 'Always seems very cosy and welcoming', 'The staff are extremely dedicated, patient and skilled,' '[Relative] is well looked after. I know they're safe and they would ring with any concerns' and 'Extremely professional and caring approach, 'always kind and welcoming.'

The registered manager and members of staff completed a number of audits around the quality and safety of the service. These included medicines management, care records, financial records, maintenance and fire safety. All findings were recorded as well as required actions. During the inspection we saw that actions had been completed and signed off where identified.