St Helena's Residential Homes Limited

St Helena's

Inspection report

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Ratings

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

Overall summary

We visited this service on the 22 October 2014 and the inspection was unannounced.

The last scheduled inspection took place in October 2013 and we found that the home was meeting the current regulations.

St Helena's is a large detached building set in its own grounds in Huyton-with-Roby, with a car park to the side of the building. Accommodation is provided for up to 33 people over two floors with a number of the bedrooms having en-suite facilities. The building is accessible for people who have difficulty with their mobility, with access to the upper floor via a passenger lift or stair lift. The home is close to local shops and amenities and there are good transport links close by. St Helena's is registered as a care home without nursing.

At the time of our inspection there were 30 people living at the home.

We saw that the care planning documents in use failed to fully demonstrate people's needs and therefore were not always effective. For example, one person's care plan

Summary of findings

stated in one section that they had no allergies; however, another section stated they had an allergy to a particular medicine. Another person's care plan failed to include information relating a particular medicine they were taking. The care plans also failed to demonstrate people's personal decisions or identify any support they may require in order to make personal decisions.

We saw that improvements were needed in relation to how the service is monitored. For example, the lack of effective monitoring systems had failed to identify issues with the content of people's care planning records; the lack of supervision available to staff; the temperature of the hot water and out of date information that was contained in the service statement of purpose and service user guide. You can what action we told the provider to take at the back of the full version of the report.

At the time of this inspection there was no 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.' A new manager had been in post for approximately two weeks at the time of our visit. The told us of their intention to make an application to the Care Quality Commission to become the registered manager.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty for their own safety. At the time of this inspection no DoLS had been applied for or were in place for the people living at St Helena's. The manager demonstrated a good awareness of the Mental capacity Act.

People and relatives we spoke with told us that they felt the staff were kind and caring. Their comments included "the carers [staff] are always kind and will always stop and say hello" and "I really fancied some opal fruits [sweets] this morning and the staff said no problem and went to the shop and got me some." One person told us that they sometimes need assistance with some equipment through the night they said that staff "Come in and check and don't even wake me up."

Staff supported people who used the service in a caring manner. For example, we saw people being supported to mobilise around the building in an unrushed manner with staff giving assurances when needed. She demonstrated a good knowledge of the people they supported and were able to tell us about how people liked to be cared for and individual's lifestyle preferences. It was evident from conversations taking place and observations that positive relationships had been formed between people who used the service, their relatives and the staff team.

People told us that they were given choices in their day to day life. They told us that they chose when they wanted to get up and go to bed. What they wanted to wear and how they wished to spend their day.

The service has arrangements in place to support people maintaining their faith. For example, a weekly prayer and hymn service was available for people to attend and the manager had arranged for a weekly communion 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?
The service was safe.

People told is that they felt safe living at the home.

Policies and procedures were in place for the safe management of medicines.

We saw that safeguarding procedures were in place and staff had received training in safeguarding people. People told us that they felt safe.

Requires Improvement

Is the service effective?
The service was not effective.

We saw that people's care planning information failed to demonstrate individual's needs and wishes accurately. The quality of care planning records needed improvement as they failed to fully demonstrate the care and support that had been delivered to people.

Arrangements were not in place to ensure that staff received regular supervision for their role and therefore they were not given the opportunity to discuss their role with their line manager.

Requires Improvement

Is the service caring?
The service was caring.

People told us they were well cared for.

We observed staff treating people in a respectful manner that maintained their dignity. We saw that staff knocked on people's doors prior to entering and addressed people in a calm and respectful manner when speaking with them. People told us that they felt that their privacy and dignity were respected.

It was evident from conversations taking place and observations that positive relationships had been formed between people who used the service, their relatives and the staff team.

Good

Is the service responsive?
The service was responsive.

People told us that they were given choices in their day to day life. They told us that they chose when they wanted to get up and go to bed. What they wanted to wear and how they wished to spend their day.

Good

Summary of findings

The service has arrangements in place to support people maintaining their faith. A plan of activities was displayed. People who used the service told us "I love to get involved in the activities; I play bingo, indoor boccia, quizzes and dances"; "I really enjoy the entertainment once a month, I also play quizzes but I don't like bingo."

A complaints procedure was available around the home. People told us that they could approach staff if they wanted to talk to someone.

Is the service well-led?

Requires Improvement

The service was not well led.

We saw that the service did not have effective quality assurance systems in place. For example, The manager had failed to identify issues with the content of people's care planning records and we found that staff did not have regular opportunities to sit and discuss their role with their line manager.

People who used the service told us positive things about the manager. They told us that the manager was approachable and caring. They also told us that the registered provider responded to their requests quickly. This demonstrated that the provider was responsive to the requests of people who use the service.

St Helena's

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 inspection took place on 22 October 2014 and was unannounced.

The inspection team consisted 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.

We looked at a number of areas around the building which included people's bedrooms and the communal areas. We also spent time looking at records which included three people's personal care records and records relating to the management of the home.

Before our inspection we reviewed all of the information we held about the home. This included notifications received from the registered provider. We looked at safeguarding referrals and any other information we had received. We spoke with the local authority regarding safeguarding concerns and they confirmed that they had no concerns regarding the home.

On the day of our inspection we spoke with 12 people who lived at the home, six relatives who were visiting the home and four members of the staff team including the manager.

Requires Improvement

Is the service safe?

Our findings

Medicines were stored in locked trolleys within a room with a key coded door lock. A medicines fridge and a specific lockable cupboard was available to ensure that particular medicines were stored appropriately. Specific records were maintained for particular medicines. For example, we saw that one person prescribed Warfarin which had its own individual record book. We saw that the book had been completed appropriately and the medicine dosage was reviewed every two weeks.

At the time of this inspection there was no formal auditing process in place for the medicines to ensure that they were being managed appropriately. The newly recruited manager demonstrated that it was one of their priorities to establish an auditing process for all medicines.

We spoke with 12 people who used the service. They told us that they felt safe within the home. Their comments included "I was worried when I first came here because I was on the hands of other people but I feel safe now and am happy here" and "If I am in my bedroom they [staff] will tell each other and will knock and see if I am ok." A visiting relative told us "I know that she is safe here."

Three staff and a senior member of staff were on duty to meet the needs of people. In addition, ancillary staff were also on duty to ensure that the home was clean and meals were prepared. We looked at the staff rotas for the previous weeks and saw that four staff were on duty through the day. The recently recruited manager was additional to the staff team providing support to people. A hostess worked for four hours each morning and an activities co-ordinator worked for four hours each day to support people with activities within the home.

Three people told us that there were not sufficient staff around during lunchtime and teatimes. We observed during lunchtime that a member of staff took their break at this time. This left two members of staff supporting people in the dining room. This was discussed with the manager who addressed this issue straight away. Ensuring that all staff on duty were available to support people with their meals helps ensure that people receive the support they required in a timely manner.

We spoke with the manager and a senior staff member about the service's safeguarding procedures. They both demonstrated an awareness of how to raise a concern and how to protect people from abuse. A detailed safeguarding adults policy and procedure was available within the home that informed people of what constituted abuse and how to manage any concerns they may have. Training information provided to us on the day showed that the majority of staff had received training in safeguarding adults. This meant that staff had information available to them in order to manage any concerns if they suspected abuse was taking place.

No new staff had been recruited since we last visited. However, the manager demonstrated a good awareness of appropriate recruitment practices to ensure that only people suitable to work with vulnerable people were employed at the service. Policies and procedures were in place in relation to the safe recruitment of staff.

We looked at the care planning records for three people who used the service. We saw that, and staff told us that people currently had two sets of care plans. This was because previous work had taken place in developing people's plans of care but had not been completed. We saw that risk assessments formed part of people's care planning documents; however, not all of these documents had been completed. For example, we saw that a number of risk assessments relating to people's moving and handling and nutrition had not been completed. Risk assessments are completed to determine if a person is at risk from a situation and when a risk is identified actions can be taken to minimise any harm that may be caused.

We found that the home was clean and hygienic. People who used the service told us that the home was always clean and odour free. Their comments included "They are always cleaning, they clean my room every day" and "They are always cleaning and moving things around." Décor and furniture were well maintained and a handy person was employed to ensure that regular maintenance and checks were carried out around the building to ensure people's safety. We found that improvements were required in the monitoring of the hot water availability in people's bedrooms. One person told us that they did not always have access to hot water in their bedroom. We tested the hot water available in a number of bedrooms, bathrooms and toilets. The hot water in a number of bedrooms and toilets on the bathroom had only lukewarm water available. We reported this to the manager of the service who said they would make arrangements for the lack of hot water to be addressed.

Requires Improvement

Is the service safe?

We recommend that people's access to hot water is monitored in a regular basis.

At the time of inspection the manager was in the process of developing personal emergency evacuation plans for each of the people who lived at the home. These plans will help ensure that in the event of an emergency they would be led to safety in a manner that met their individual needs.

Requires Improvement

Is the service effective?

Our findings

We saw that the current care planning documents in use failed to fully demonstrate people's needs and therefore were not always effective. For example, one person's care plan stated in one section that they had no allergies; however, another section stated they had an allergy to a particular medicine. Another person's care plan failed to include information relating a particular medicine they were taking.

Medication Administration Records (MAR) were completed by staff when they were administering people's medicines. We saw that some of the handwritten MAR sheets did not contain all of the information required. For example, one record stated that a cream should be applied, however, the record failed to demonstrate where the cream was to be applied. Detailed instructions relating to medicines should be available to staff at all times to ensure that people received their medicines appropriately.

Records were maintained of the care and support people had received throughout the day. Not all of these records were consistent as information was recorded in numerous records around the building. This made it difficult to ascertain what actual care and support had been delivered. For example, records of people's support with personal hygiene had not always been completed and therefore failed to demonstrate what care people had received. In addition, we saw that daily records had not been completed in full. We saw that reports of care and support delivered through the night were incomplete. For example, we saw a number of records that had been written at 3.20am and 4.45am that stated that people had appeared to have slept well. Lack of information in people's personal records fails to demonstrate what care and support people have received and takes away the opportunity to identify any changes in people's care and support needs.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they were able to make everyday choices. They told us that they chose when to get up and go to bed, what they wanted to wear and how they spent their time throughout the day.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty for their own safety. At the time of this inspection no DoLS had been applied for or were in place for the people living at St Helena's. The manager demonstrated a good awareness of the Mental Capacity Act. However, training records demonstrated that staff had not undertaken training in relation to The Mental Capacity Act and Deprivation of Liberty Safeguards. A lack of awareness by staff in relation to depriving people of their liberty or making best interest decisions on behalf of people may result in decision being made for individuals outside of the current legal framework or people being deprived of their right to consent to make decisions. At the time of our visit we saw no evidence that decisions were being made for people inappropriately.

We recommend that staff receive training in MCA and DoLS.

Records were maintained of healthcare professional visits. On the day of the inspection we saw a district nurse and a specialist cardiovascular nurse visiting people. To help ensure that people received the appropriate medical care and support they required in a timely manner the service had access to a district nurse/community matron service. We looked at a number of these referrals that staff had made and saw that people had received the medical support they required and people had their medical needs attended to quickly.

Training information demonstrated that the 75% of staff had undertaken training in relation to safeguarding people; first aid; fire safety; moving and handling; health and safety and infection control within the past two years. In addition records demonstrated that the majority of staff had completed a National Vocational Qualification (NVQ) level two or three in relation to their role. Staff spoken with told us that they received sufficient training for their role.

The manager told us that staff had not been in receipt of supervision for their role. A supervision is when a member of staff has the opportunity to sit with their line manager and discuss their role and personal development. The manager of the service demonstrated that they had already identified that providing staff with appropriate supervision opportunities was a priority.

We observed the care and support people were offered during lunch and teatime. Meals were served in a

Requires Improvement

Is the service effective?

communal dining area. We saw that a number of people had chosen sandwiches for lunch. The sandwiches were served with a side salad; however, we saw that no cutlery was available for people to eat their salad with and no condiments or sauces on all of the tables. A number of people told us that they chose to eat their meals elsewhere, for example in the conservatory. One person told us "I eat in my room by choice, they bring in my breakfast, dinner and tea, they come to my room every day and ask me what I want to eat."

We saw that the food menus were displayed outside the dining room. People felt that the choice of food was very good and that there was always enough choice. People's comments included "I don't like hot dogs or sandwiches because of the bread so I asked for a jacket potato and it wasn't a problem." Another person told us "I have two toast and two eggs for breakfast and then don't have anything till tea time. They [staff] weren't happy at first but they have accepted that that is the way I am. I have never eaten lunch." One relative told us "They take diet seriously here. I have seen people getting different food who are on a special diet."

People told us, and we saw that they were offered drinks and snack throughout the day. Their comments included "Staff are lovely, they bring tea and toast at 10pm, but I asked for Horlicks and that wasn't a problem" and a relative commented "They are always bringing food and snacks around no sooner have they had lunch than they are bringing a cup of tea and a biscuit."

Good

Is the service caring?

Our findings

People and visiting relatives we spoke with told us that they felt the staff were kind and caring. Their comments included "The carers [staff] are always kind and will always stop and say hello" and "I really fancied some opal fruits [sweets] this morning and the staff said no problem and went to the shop and got me some." One person told us that they sometimes need assistance with some equipment through the night they said that staff "Come in and check and don't even wake me up."

A relative told us "I looked at ten places before I chose this home because it has a really homely feel and its really is a relief that my dad is here." Another relative told us "The new manager has made a big difference, he is really caring, he made a bread and butter pudding for everyone and we all enjoyed it."

Staff supported people who used the service in a caring manner. For example, we saw people being supported to mobilise around the building in an unrushed manner with staff giving assurances when needed. Staff who demonstrated a good knowledge of the people they supported and were able to tell us about how people liked to be cared for and individual's lifestyle preferences. It was evident from conversations taking place and observations that positive relationships had been formed between people who used the service, their relatives and the staff team.

We observed staff treating people in a respectful manner that maintained their dignity. We saw that staff knocked on people's doors prior to entering and addressed people in a calm and respectful manner when speaking with them. People told us that they felt that their privacy and dignity were respected. Their comments included "If the door is closed they always knock. The carers [staff] have to come into the shower with me and they are very good. They never make me feel embarrassed" and "If the carers [staff] or nurses have to examine me they always close the curtains. I am glad I chose this place." Another person commented "The carers [staff] have to be with me in the shower; they always explain what they are going to do and make sure that you are covered if possible."

People who used the service spoke positively about the care they received from the manager of the service. Their comments included "The manager took me to hospital yesterday. He bought me a cup of coffee while we waited. I think he is a very nice guy. My dressing came off in the shower and the manager came and dressed my hand for me." Another person told us "I sent for him [the manager] two days ago and said that he had promised that a nurse would come to see me. He said that he would sort it out and within half an hour the nurse came to see me. That really impressed me."

Information about the home available in the hallway in a service user guide along with the home's statement of purpose. Both documents provided people with information about the home, the services provided and the aims and objectives of the home. We looked at both of these documents and saw that the information had not been reviewed for some time and therefore did not contain up to date information. For example, some of the information relating to staff was over three years old and was out of date. Other information was written over five years ago and contained information relating to regulations that are no longer in place. This meant that people may not always have access to up to date information about the service they receive.

Good

Is the service responsive?

Our findings

People told us that they were given choices in their day to day life. They told us that they chose when they wanted to get up and go to bed. What they wanted to wear and how they wished to spend their day.

We spoke with one person who told us that they felt that the service met their needs well. They told us that they had received poor care and support at another location but now they are living at St Helena's they felt staff responded well to her needs.

The service has arrangements in place to support people maintaining their faith. For example, a weekly prayer and hymn service was available for people to attend and the manager had arranged for a weekly communion service.

A plan of activities was displayed which included individual talks; gentle exercises; boccia; quiz; crafts; bingo; reminiscence and movie afternoon. People told us that they had an entertainer every month and other events that included BBQ garden party. People who used the service told us "I love to get involved in the activities; I play bingo, indoor boccia, quizzes and dances"; "I really enjoy the entertainment once a month, I also play quizzes but I don't like bingo." Another person told us "There was a really good singer on in the afternoon last week, I enjoyed it."

A relative told us "There is an entertainer every month, they [people who use the service] really enjoy it and the lady that came last month was so good they have booked for again to sing on New Year's Eve afternoon."

A number of people told us that they chose not to get involved in activities within the home. Their comments included "I don't really get involved in activities. I will go down for my meals but I like my peace and quiet so come back up [to their bedroom]" and "There is plenty organised but I don't get involved. I love my morning paper and the local shop used to deliver it. The manager spoke to the owners and has made an arrangement for one of the carers [staff] to pick up the papers in the morning. I was really happy because it is a highlight of my day."

People told us that they were supported, whenever possible to maintain links within the local community. Their comments included "I am a member of the local golf club, I don't play anymore but go to the 19th hole for a drink" and "My children pick me up and take me out every other day."

A complaints procedure was available around the home. Having access to a complaints procedure enables people to understand how their complaint would be managed. People told us that they could approach staff if they wanted to talk to someone. Two relatives told us that they had in the past made a complaint about the service. One relative told us that their complaint had had a positive outcome. The second relative told us that the had raised concerns that staff had failed to inform them that their relative had fallen. They told us that since the new manager had taken over they were informed straight away of when their relative was taken ill.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection a new manager had been in post for approximately three weeks. Shortly after our inspection the manager informed us that they had submitted an application to the Care Quality Commission to become the registered manager for St Helena's. The service had been without a manager registered with the Care Quality for a period of nine months.

We saw that, although only in post a very short time the manager had identified areas through the service that required improvements. For example, he had identified that care planning and the related documentation; internal audits; staff supervision; staff training in relation to the Mental Capacity Act 2005 and the re-introduction of meetings for people who used the service and staff required improvements.

We saw that improvements were needed in relation to how the service is monitored. For example, the monitoring systems had failed to identify issues with the content of people's care planning records; the lack of supervision available to staff; the temperature of the hot water and out of date information that was contained in the service statement of purpose and service user guide. One person told us "Previous managers held a residents and relatives meeting. This was very good because we were all able to speak about things together. This hasn't happened for about a year and I would like it to happen again."

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Information about the home available in the hallway in a service user guide along with the home's statement of purpose. Both documents provided people with information about the home, the services provided and the aims and objectives of the home. We looked at both of these documents and saw that the information had not been reviewed for some time and therefore did not contain up to date information. For example, some of the information relating to staff was over three years old and was out of date. Other information was written over five years ago and contained information relating to regulations that are no longer in place. This meant that people may not always have access to up to date information about the service they receive.

People who used the service told us positive things about the manager. They told us that the manager was approachable and caring. Their comments included "I find the new manager very good, he calls in to ask if I need anything" and "The new manager is lovely, he comes to the room and always stops to chat."

Relatives and representatives from the local authority who visited the service told us that they thought that there had been improvements within the service since the manager has been in post. One relative told us "It's better since [the manager] started because staff seems to have relaxed a bit more because the responsibility isn't theirs anymore."

We saw information to demonstrate that people were asked their opinions about the service on a regular basis. The most recent residents and relatives meeting had taken place in June 2014. A member of staff told us that a survey was sent to people on an annual basis to ask their opinions on the service they received. The staff member told us that there was never an action plan developed following the surveys as there were never any concerns raised. A published summary of responses to surveys completed would help ensure that people were assured that their comments had been listened to and considered.

People who used the service told us that the registered provider responded to their requests quickly. One person told us that they had asked for their shower to be refurbished and a telephone line installed in their role and both were organised. Another person told us that they had requested a new television and they received one very quickly. This demonstrated that the provider was responsive to the requests of people who used the service.

Staff spoken with were clear about their roles and responsibilities with the home and were confident that they met people's needs well.

The Care Quality Commission had been notified of relevant incidents since we last inspected the service. These notifications had been received in a timely manner close to the time in which the incident had occurred. A system was in place in record and report any accidents and incidents that occur. Checks took place around the environment to ensure that equipment and facilities were safe.

Requires Improvement

Is the service well-led?

Prior to this inspection we sent the provider a Provider Information Record (PIR) to complete. The registered provider was aware that the information had been requested, however, the information was not returned to the Care Quality Commission.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **An effective system was not in place to regularly assess and monitor the quality of the service provided.** Regulation 10(1)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **Appropriate information and documents in relation to the care and treatment provided to people were not in place.** Regulation (20)(1)(a)