St. Helena's Residential Homes Limited

St Helena's

Inspection report

6 Roby Road
Huyton
Liverpool
Merseyside
L36 4HE

Tel: 01512927070

Date of inspection visit:
18 February 2016
23 February 2016

Date of publication:
05 April 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 18 and 23 February 2016.

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. The service is registered to provide accommodation and personal care for up to 33 people. The service does not provide nursing care. Accommodation is provided over two floors and approximately half of the bedrooms are en-suite. The building is accessible for people who have difficulty with their mobility, with access to the upper floor via a passenger and stair lift. St Helena's is close to local shops, pubs, and other amenities and there are good transport links close by. At the time of our inspection 32 people were living at the service.

A registered manager was 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.

At our last inspection in October 2014 we found a breach in regulations as improvements were needed in relation to how the service was monitored. In addition we made a recommendation that the provision of hot water was monitored on a regular basis. A further recommendation was made that staff undertook training in the Mental Capacity and the Deprivation of Liberty Safeguards (DoLS). During this inspection we found that improvements had been made to the monitoring of hot water available to people and that systems had been introduced to monitor the quality of the service delivered at St Helenas'.

During this inspection we found the improvements were needed to the quality and content of daily records maintained by the staff team. We recommend that records of all care and support offered and provided to people are maintained.

During this inspection we found that procedures were in place to protect people from abuse. Staff had received training in protecting vulnerable adults.

Systems were in place to help ensure that medicines were managed appropriately and that people received their medicines when they needed them.

Procedures were in place that would enable people to be evacuated safely in the event of an emergency.

Sufficient numbers of staff were on duty to meet the needs of people using the service. Effective recruitment procedures were in place that helped minimise the risk of people not suitable to work with vulnerable people being employed.

People's needs were assessed prior to admission to ensure that the service had the facilities to meet their

individual needs.

Health care professionals were available to support people with their specific health needs and to help ensure that people received the care and support they required.

Systems were in place for the implementation of the Mental Capacity Act 2005 and to ensure that people's rights in respect of the Act were upheld. When required appropriate referrals were made to the local authority in relation to Deprivation of Liberty Safeguards.

People enjoyed the food available at the service and had a choice of what they wanted to eat.

People were supported by a staff team who received training to carry out their role.

Staff respected people dignity and maintained their privacy.

People had the opportunity to participate in activities at the service to help maintain their physical and psychological health.

A complaints procedure was in place and people were confident that any complaints they had would be listened to and acted upon.

Systems were in place to monitor the service that people received. The registered manager had identified areas of improvement they wished to implement over the next 12 months in the Provider Information Return to improve the service.

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.

Individual risks to people were considered and planned for.

People were protected from the risk of abuse as procedures were in place. Staff demonstrated a good understanding of these procedures.

Safe recruitment procedures were in place to help ensure that only staff suitable for the role were employed at the service.

Is the service effective?

Good

The service was effective.

People's nutritional needs were monitored when required and people enjoyed the foods available to them.

Systems were in place to help ensure that people rights were maintained under the Mental Capacity Act 2005.

People received care and support from staff that had received training for their role.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were respected by the staff that supported them.

Staff were caring in their approach to people.

Information was available to people to demonstrate the standard of care and support they should expect whilst living at the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Records of the care and support people received did not always contain sufficient information.

A clear complaints procedure was in place and people felt that any complaints they made would be listened to and acted upon.

Activities were available for people to participate in.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager.

Systems were in place to monitor the quality of the service that people received.

The registered manager had notified the Care Quality Commission of significant events that had occurred at 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 the 18 and 23 February 2016 and was unannounced.

The inspection team consisted of one adult social care inspector.

We looked in detail at the care planning records of three people who used the service. In addition, we looked at records in relation to the planning and management of the service, policies and procedures, staff rotas and the recruitment records of three members of staff. We spent time with14 people who used the service in the dining room and communal lounges and spoke with two people's relatives who were visiting. In addition, we spoke with the registered manager, four staff members and the registered provider.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the registered provider had sent to us. The registered manager had completed and sent us a Provider Information Return (PIR). The PIR is a document that asks the registered provider to give us some key information about the service, including what the service does well and any future improvements they plan to make to the service.

We contacted the local authority to obtain their views on the service. They told us that they had no immediate concerns regarding the service provided at St Helenas'.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. Their comments included "I feel very safe here", "The staff always look after me well and keep me safe" and "I'm very comfortable here. Its clean, tidy and very pleasant". People told us that if there was a time when they didn't feel safe they would speak to the staff or the registered manager.

Visiting relatives told us that they thought the service was a safe place to live. One relative told us "My [relative] is far safer living here, it gives us peace of mind that she is safe and well looked after".

Following our previous inspection we made a recommendation that people's access to hot water was monitored. During this inspection we saw that a system had been introduced to regularly check that hot water of an appropriate temperature was available to people.

A maintenance person was employed to regularly monitor areas of the service to ensure that people were safe and to carry out any maintenance required around the service. For example, regular checks on the fire detection system, call bells, moving and handling slings and small electrical appliances took place. A maintenance book was available to all staff to report any areas of maintenance needed around the building. The maintenance person checked the book daily and carried out any repairs required. This system helped ensure that the service provided a safe environment for people to live.

During a tour of the building we saw that window restrictors were not fitted to all of the first floor windows as required under health and safety legislation. We spoke to the registered manager who arranged for restrictors to be fitted immediately to all of the windows and following our inspection the registered manager confirmed that the restrictors had been fitted.

At the time of this inspection contractors were installing a new central heating and hot water system to one area of the service. The registered manager explained that the previous system had become ineffective and therefore action had been taken to make improvements throughout the building so that a more efficient heating and hot water system would be available to all. Whilst the hot water system was being upgraded the service was experiencing fluctuating hot water temperatures in some people's bedrooms. Staff explained that when this occurred hot water was being taken to people's bedrooms from other areas of the building. We discussed the potential risks associated with this practice with the registered manager who carried out a detailed written risk assessment to ensure that wherever possible, risks to people and staff had been minimised.

Detailed procedures were in place to ensure that in the event of an emergency people could be evacuated as safely as possible. Each person had personal emergency evacuation plan (PEEP) which detailed what support and guidance an individual needed in the event of having to leave the home in an emergency. The availability of the PEEPS helps ensure people's safety at all times.

The service was clean, tidy and well maintained. Disposable gloves and aprons were available to maintain

good hygiene practices. A member of staff had the role of infection control champion and this included carrying out monthly infection control audits. The member of staff also attended external infection control meetings where updated good practice guidance was given by the areas infection control nurses. These meeting helped ensure that the service had up to date knowledge of managing infection control issues when delivering care and support to people.

An electronic care planning system was in place that enabled staff to identify and plan for identified risks to people. For example, if a person was at risk from falling staff were able to calculate and record what actions were needed to minimise the risk from falls. People's care planning documentation also contained assessments in relation to risks from skin pressure areas and when people were mobilising.

Safeguarding policies and procedures were in place to advise and offer guidance as to how staff needed to respond in the event of an allegation or incident of abuse taking place. This information included the local authority's joint agency policy and procedure on safeguarding people. The registered manager and a senior member of staff demonstrated a good awareness of how to protect people from abuse and what actions they needed to take if a concern was raised. Training records demonstrated that the majority of staff had received training in safeguarding people.

The registered provider had safe recruitment procedures in place. We looked at the recruitment document files of three staff members who had been recruited since our previous inspection. We saw that appropriate applications forms had been completed, written references had been obtained and evidence had been seen regarding the person's identification. In addition there was evidence that Disclosure and Barring Service (DBS) checks had been completed for each member of staff. These checks are carried out on all potential staff who plan to work with children and vulnerable adults. The checks help ensure that only people suitable to work with children and vulnerable people are employed.

Procedures were in place for the management of medicines. Medicines were stored in a locked room to which only staff responsible for the management of medicines had access. The locked room was clean and tidy and a fridge was available to store specific medicines. In addition a separate locked storage facility was in place for controlled medicines in use. A controlled medicine are prescribed drugs that are required by law to be stored in a specific way. We checked these medicines and found that they were all correct and had been appropriately signed for. Medication administration records (MAR) were in place to record what medicines had been administered. We saw that these charts had been completed. To help ensure that appropriate information was available to staff when administering medicines people's photographs, their GP name and any known allergies the person may have were identified at the front of the MAR. This helped ensure that that people received their medicines correctly. The local Clinical Commissioning Group's pharmacist had carried out an inspection of the medicines management at St Helenas' and had highlighted areas of improvement. We saw that improvements had been made, for example, staff responsible for the administration of medicines had received further training.

The registered manager utilised a dependency tool which calculated the number of staff needed to be available to meet the needs of people. We saw that sufficient staff were on duty during our visit to meet people's needs. The registered provider was in the process of recruiting new staff. Staff rotas demonstrated that during this recruitment process the number of staff on duty occasionally varied. The registered manager demonstrated that wherever possible changes were made to the staff rota to cover these times. Following a discussion the registered manager they developed a risk assessment to ensure that all potential risks as a result in changes to the rota had been considered and minimised.

Good

Is the service effective?

Our findings

People told us that they received good care and support from the staff team. They told us "Staff are very good", "They are always there to help" and "The girls are wonderful". Relatives of people who used the service told us that they were confident that staff were trained to do their job. Their comments included "Staff are lovely", "You can talk to the staff if you need anything, [relative] seems happy" and It's a very relaxed place".

Prior to a person moving into the service, an assessment of their needs took place. The purpose of this assessment was to ensure that the service had the facilities to meet the needs of the individual and to gather information to plan for their care and support needs. The pre admission assessment gave the opportunity to record a person's needs and wishes in relation to their communication, personal care, eating and drinking, any memory or decision making needs. In addition it gave the opportunity to identify people in their lives that were important to them along with health care professionals involved in their care.

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to received care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and found that they were. Two people had a DoLS in place and a further 13 applications were currently being considered by the local authority. Following our previous inspection we made a recommendation that staff undertook training in the Mental Capacity Act 2005. During this inspection training records demonstrated that the majority of staff had undertaken this training. Information was available in the foyer of the service explaining the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding for people who use the service, their relatives and visitors and staff to read.

The registered manager and senior staff demonstrated a good awareness of the Mental Capacity Act 2005. The registered manager was able to tell us which people were able to make decisions independently and which people required support from family members or health care professionals with their decision making. We saw that people's care plans contained information for staff as to what support people needed when making a decision. For example, one person's care plan stated "I am not able to retain information, I am unable to use or weigh information given to me" and another person's care plan stated "I am able to make my own decisions and fully understand the consequences of my decisions".

People told us that they had access to health care professionals which included their GP, district nurses and optician services. In addition, referrals to community dietician and speech and language therapy services had been made on behalf of people when a need had been identified. Monitoring charts were available to

record and assess people's fluid and dietary intake when required. Records demonstrated that the outcome of any health care professional visits were recorded to ensure that people's changing care and support needs could be planned for.

People told us positive things about the food available at the service. Their comments included, "The food is very good and you can have whatever you fancy", "You always have a choice. If you don't want something you can always have something else". One relative told us "The food is excellent, my [relative] always enjoys their meals". The majority of people chose to take their meals in the dining room. We saw that tables were set with condiments, napkins, cups and saucers and cutlery to promote mealtimes as a social experience. During lunch we saw people having a range of foods that they had requested. These choices included salad, jacket potatoes, cheese and biscuits and sandwiches. We joined people for the teatime meal and found that the cooked meal was hot, tasty, well presented and unrushed.

Throughout the day hot and cold drinks and snacks were served to people. We observed people being offered a choice of cup size which demonstrated that people were given a choice of the size of drink they wanted. In addition, a kitchen was available on the first floor where people and their relatives had access to hot and cold drinks and biscuits at all times.

Training records demonstrated that staff received training for their role. Records demonstrated that the majority of staff had received training relating to First Aid, fire safety, moving and handling, health and safety, food hygiene, infection control, equality and diversity and dignity in care and dementia awareness. In addition, a number of staff were also undertaking training to support people who were approaching their end of life.

Records demonstrated that staff received supervision for their role. These supervision sessions enabled staff to sit with their line manager and discuss their role. A set form was in place to record these discussions. Subjects discussed during these sessions included personal development, standards of working, things that are going well and things that need improvement. All staff spoken said that the registered manager was always available to offer advice and support.

Good

Is the service caring?

Our findings

People told us that they felt the registered manager and staff were caring. Their comments included "He [registered manager] is very caring, he is always around to help you" and "The girls are great, they look after us very well". All of the people spoken with told us that staff treated them with respect and maintained their dignity. A relative told us "We are more than happy, staff are lovely".

One relative told us that prior to their relative moving into the service they regularly had meals together. They were very happy that they were able to visit their relative and continue their routines as they often had a meal at the service, which was encouraged by the staff. Another relative told us that they had been invited to stay overnight at the service to be close to their relative who was unwell. This demonstrated that people were supported to maintain personal and family relationships.

Staff were caring in their approach to people. For example, we saw staff addressing people in a gentle manner whilst being close to them and maintaining eye contact. We observed staff offering a hand and putting their arm around a person to offer reassurance and comfort when needed. It was evident that staff knew people well and that positive relationships had formed between people and the staff that supported them.

We observed a person who was sat by the front door that was continually being used telling a member of staff that they felt cold. The staff member offered assistance to more to another place but the person wished to stay where they were. The member of staff went and quickly got a blanket to cover the person with. This was a further example of staff offering a caring approach to people.

The registered manager demonstrated a dignity in care audit that was in use within the service. This document highlighted areas in which dignity and respect meant for people, what the service did at present and what they will do to ensure that people privacy and respect were maintained at all times. The registered manager told us that this audit was useful in identifying practices within the service that could improve the standards of care people received.

Care planning documents contained, where relevant, the plans for people for when they approach their end of life. For example, several people had a Do Not Attempt Cardiopulmonary Resuscitation (DNRCPR) directives in place. The registered manager and senior staff demonstrated a good understanding of what actions they could take to ensure that people and their relatives were made as comfortable as possible as individuals' approached the end of their life.

People who used the service had access to Statement of Purpose and Service User Guide. This document informed people of what standards of care and support they should expect whilst living at the service. In addition, information relating to personal property, confidentiality, risk taking and risk management, privacy and dignity and equal opportunities was also contained in the document. Further practical guidance included fire safety information and access to advocates for people who required help from an independent person to express their views.

Requires Improvement

Is the service responsive?

Our findings

People told us that they knew who to speak to if they wanted to make a complaint about the service and they felt that they would be listened to. Their comments included "I'd tell [the registered manager] if I wasn't happy, he'd sort it out" and "You can always tell the staff if your unhappy about something".

An electronic care planning system was in place. We looked at the care planning records of three people. Care plans demonstrated that individualised care for people had been planned. The registered manager told us that people's care plans were being reviewed and work was being carried out to engage, where appropriate, relatives of people in the care planning process.

Care planning documents considered all aspects of people's day to day care and support needs. Once a need relating to a person's health, safety and wellbeing had been identified a care plan was developed. For example, care plans were in place in relation to personal care, mobility and nutrition. In addition, information in relation to people's sensory needs, sight and hearing were recorded. The information on some people's care plans was detailed. For example, one person's care plan stated "I am at a higher risk of falling when I am attempting to manage my underclothes and need support and supervision with this task". Another person's care plan stated "I sometimes remove my glasses when I am mobilising as they can make me dizzy". However, other care plans required more information. The registered manager acknowledged that further information was needed on some care planning documents to ensure that they contained detailed information.

Daily records were maintained by staff both electronically and in writing. The purpose of the records was to summarise what care and support had been offered and delivered to people throughout the day and night. We found that not all of these records fully demonstrated the care and support people had received. For example, one person's records stated "assisted with personal care" but there was no further information recorded as to what personal care the person had been assisted with. Handwritten personal care records were maintained in people's bedroom. The purpose of documents was to record when a person had been offered or received a shower, had a body wash or shave. These records had not been completed on a number of occasions and therefore these were not effective records of what personal care people had received. Detailed records should be maintained at all times to help ensure that people receive the care and support they require.

We recommend that records of all care and support offered and provided to people are maintained.

A complaints procedure was available around the service. The procedure gave clear information as who complaints could be made to, the timescale in which complaints would be responded to and how any actions required following the complaint investigation would be managed. One relative told us that they had in the past raised a 'couple of concerns'. They felt that they had been listened to and that their concerns were managed appropriately by the registered manager.

People told us that regular activities were available for them to participate in if they chose to. A number of

people told us that they always enjoyed a game of bingo. We saw that a programme of activities was available for six days of the week. These activities included bingo, memory box, quiz, gentle exercise, adult colouring, knitting, crossword, sing a long and a movie afternoon. People told us that there was a monthly visit to a local pub for lunch for people who wanted to go and that staff would always walk to the local shop with people. One person told us that they had visited the shop that morning to buy some chocolate.

Good

Is the service well-led?

Our findings

The registered manager was registered with the Care Quality Commission in January 2015. People who used the service were able to identify the registered manager and spoke positively about him. Staff also spoke positively about the support and leadership they received from the registered manager.

The registered manager was supported by two senior staff to manage the service. The registered provider spent time at the service on a regular basis and an administrator was employed to manage all of the service's administration from an office within the grounds.

During our previous inspection we identified a breach of the regulations. This was because improvements were needed as to how the service was monitored. During this inspection we found that improvements had been made as monitoring systems had been developed.

A number of internal audits were carried around the service on a regular basis. For example, we saw that audits were completed in relation to infection control, medicines and the environment. The electronic care planning system in place alerted the registered manager to when care planning documentation were due for review. The registered manager had introduced a system for senior staff to monitor the quality of the care records being completed by the staff team. The purpose of this system was to identify areas of improvement needed by staff in relation to record keeping. Senior staff were still in the process of implementing this monitoring system. The purpose of these audits was to ensure that systems in place for the delivery of safe care and support were effective and that people's needs were safely met.

Polices and procedures were in place to offer guidance and direction to staff in delivering safe and effective care and support to people. These procedures were available for staff to access in the office within the service.

Where required we saw that health care professional agencies were contacted for advice in relation to best practice and guidance. For example, the local falls advice team had been contacted for advice on how to minimise people at a high risk of falls sustaining an injury.

By law services are required to notify the Care Quality Commission of significant events. For example, when a Deprivation of Liberty Safeguard has been authorised for an individual, when a safeguarding concern had been raised or when a person died. Our records showed that the registered manager informed the Commission of notifiable events in a timely manner.

In order to obtain people's views on the service they received the registered manager was in the process of carrying out a satisfaction survey. Once the survey had been completed the registered manager planned to feedback the results to people and if required, develop an action plan to make any required changes to improve the service. 'Resident and Relative' meetings were held every two months to give people and their relatives the opportunity to discuss issues, updates and areas of improvement relating to the service. The next scheduled meeting was for February 2016

Information from the Provider Information Return included what areas of the service the registered provider and registered manager planned to develop over the next 12 months. These improvements included continuing to develop staff use of the electronic care planning management system, ensuring that all staff attend regular mandatory training to meet their development needs, ensuring staff rotas are meeting the needs of the service and are appropriate to the needs of the people who use the service and develop annual action and business plans for the service.