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# St Christopher's Residential Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service:

St Christopher's Residential Home is a residential care home that provides personal care and support for up to 19 older people who had a range of needs. This included some people with mobility needs and some people who were living with dementia. At the time of this inspection there were 14 people living at the home.

### People's experience of using this service:

People continued to receive a good service. Improvements in quality assurance systems seen at the last inspection in July 2016 had been sustained and embedded within practice. This meant that the rating for the well-led domain had improved to Good.

- People, their relatives and staff said that the home was well-led.
- There were a range of audits in place which were used to improve the quality of the service.
- People were supported to be engaged in the running of the home and told us their feedback was listened to. Staff worked with other organisations to meet people's needs.
- Risks to people were assessed and managed. Staff understood their responsibilities for safeguarding people. The home was clean and staff had a good understanding of infection prevention and control. People were supported to receive their medicines safely.
- Staffing levels met people's needs and staff were suitable to work with people. People received effective care from skilled and knowledgeable staff. Staff received training to support people's specific needs.
- People had enough to eat and drink and spoke highly of the food provided. Staff were proactive in supporting people to access the health care services that they needed. Staff understood their responsibilities to gain consent from people before providing care and support.
- People spoke highly of the care they received and described staff as kind and respectful. People were supported to express their views and to have control over their lives as much as possible. Staff maintained people's privacy and treated them with dignity.
- Staff knew people well and care was provided in a person-centred way. People were supported to maintain contact with people who were important to them. Staff were responsive to people's needs and supported people to have enough to do. People were confident that any complaints would be addressed. Staff supported people to plan for end of life care.

Rating at last inspection: Good, the last report was published on 29 July 2016.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: ongoing monitoring. We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# St Christopher's Residential Home

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector and one assistant inspector.

Service and service type: St Christopher's Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Christopher's Residential Home is registered to accommodate up to 19 people in an adapted house.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did:

Before the inspection:

- We reviewed information we have received about the service. This included details about incidents the provider must notify us about.
- The provider had completed a Provider Information Return (PIR). 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.

During the inspection:

- We spoke with five people living at the home, one relative and a visiting health care professional.
- We spoke with three members of staff, and the registered manager.
- We looked at six people's care records.
- Observed how medicines were administered and looked at medicine records.
- We looked at records of accidents, incidents and complaints.
- We looked at audits and quality assurance records.
- We looked at three staff files, training records and rotas.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People remained safe and protected from avoidable harm. Legal requirements continued to be met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities for safeguarding people. One staff member said, "We have had training and I know what to do." They explained how they would recognise signs of abuse and described what they would do, saying, "It would need to be reported straight away to the manager." We noted that appropriate referrals had been made when necessary.
- People told us they felt safe at the home, one person said, "I feel safe at night, the staff pop in and check I'm ok."

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and managed. Some people were assessed as being at risk of falls. Care plans guided staff in how to support them to remain safe.
- Some people had diabetes. Risks assessments and care plans identified the signs and symptoms that might indicate a diabetic incident and guided staff in what actions to take if this happened. One person who was diabetic told us, "I can still have the cakes I enjoy but the staff keep an eye on me."
- Risks associated with the environment were identified and managed effectively. For example, a split in a carpet had been repaired to ensure that it did not present a trip hazard to people whilst a new carpet was being ordered. Regular checks were undertaken to ensure that fire safety systems were maintained. Personal emergency evacuation plans (PEEP) were in place to identify the support people needed in the event of an emergency evacuation.

Staffing and recruitment

- There were enough staff to care for people safely. One staff member told us, "We don't use agency staff, there are enough of us to cover and we are a good team." People told us they didn't have to wait for their care needs to be met. One person told us, "They come quickly when you need them, and I never feel rushed." We observed that staff could spend time with people and responded quickly to call bells.
- The provider had safe systems for recruiting staff to ensure that staff had the right skills and experience to care for people. Disclosure and Barring Service (DBS) checks and references were undertaken when new staff joined the home. This meant that the provider could be assured that staff were suitable to work with people.

Using medicines safely

- People were receiving their medicines safely and when they needed them. Staff were trained in

administering medicines and checks were made to ensure they were competent. Some people were being supported to manage their own medicines to maintain their independence. Safe systems ensured that any errors were identified and managed effectively.

- We observed staff checking with people before administering medicines. Staff knew people well and explained what their medicines were for. One person told us, "I can always ask if I need a pain killer, they always check how I am."

#### Preventing and controlling infection

- There were effective systems in place to protect people through the prevention and control of infection. Dedicated cleaning staff completed cleaning schedules including steam cleaning to prevent infection. The home was clean and tidy throughout. People told us that they were happy with standards of cleanliness at the home. Staff had received training in infection control and understood the importance of the use of personal protective equipment.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. The registered manager explained how they used this information to identify patterns and trends and to ensure that appropriate actions were taken. For example, one person fell and there was no obvious reason, such as a trip- hazard. A staff member asked the GP to review the person's medicines and to refer them to the falls prevention team. The person's care plan was updated to reflect this advice.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

It remained that people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices had been assessed in a holistic way to take account of people's physical and mental health and their social needs.
- Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. For example, one person was assessed as being at risk of developing pressure sores. Their care plan included clear guidance to reduce this risk, such as supporting them to change position frequently. Staff demonstrated that they were familiar with this person's needs and records confirmed that they were supported consistently. Staff told us that the district nurse visited regularly, and they had no concerns about the person's skin integrity.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed. One staff member said, "We have a lot of training, I enjoy it because it refreshes the mind." Records showed that training was relevant to the needs of the people staff were supporting.
- Staff described feeling well supported and had regular supervision meetings. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. One staff member told us, "In supervision we discuss work and what needs to improve. I have identified training and areas of practice that I need to work on."
- All new staff completed an induction programme including shadowing experienced staff members.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at St Christopher's Residential Home. One person said, "There's a good variety, plenty of choice." Another person said, "I enjoy the meals here, you can always ask for alternatives, the cook checks what you like." People's choices were respected and some people were eating meals that were not on the planned menu for that day.
- The chef was aware of people's dietary needs and preferences. They explained that they regularly checked with people to ensure that their favourite food was included on the menu. Staff told us that if people had cultural or religious needs this would be accommodated and gave examples of when this had happened.
- Some people had risks associated with eating and drinking, including risks of malnutrition. One person had been assessed as being underweight. They told us, "I'm having a full fat diet and I have put some weight on, I feel so much better than I did." Staff supported people appropriately during meal times and we noted that

people's weight was monitored regularly.

- People had access to cold drinks and fresh fruit in the lounge and staff offered people drinks and snacks throughout the inspection.

Staff working with other agencies to provide consistent, effective, timely care

- Staff described effective working relationships with health and social care professionals. One staff member said, "We work well with the nurses and our local GP is very good." We observed staff speaking with a visiting health care professional. They were knowledgeable about the person's needs and provided relevant information.
- A visiting health care professional told us that communication with the staff was effective. They said, "I have no concerns, I visit regularly, staff know people well and are always very welcoming."

Supporting people to live healthier lives, access healthcare services and support

- People said that they were supported to access health care services when they needed to. One person told us, "The staff are excellent, they will get immediate help if needed, they ring the doctor if they are worried."
- People received support with their ongoing health needs. Records showed that people had regular appointments with chiropodist, dentist and specialist nurses, including diabetes nurse.
- Staff used an assessment tool to help them identify signs that people might have an infection, such as a urine infection. One staff member explained how this had increased awareness within the staff team and this had ensured that any infections were treated quickly.

Adapting service, design, decoration to meet people's needs

- The premises were adapted from two houses that had been converted into one. There was a stair lift for people who were not able to manage stairs. People had the equipment they needed to support their needs, such as pressure relieving equipment.
- Some areas of the home were in need of refurbishment and the provider had a plan in place to make improvements. This was described as work in progress and we saw that improvements in the kitchen had recently been completed.

Ensuring consent to care and treatment in line with law and guidance

- 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff understood their responsibilities with regard to MCA and DoLS. One staff member said, "People have a right to make their own decisions whenever they can. If we feel someone may lack capacity to make a certain decision then they would need a MCA assessment."
- Care records showed that appropriate MCA assessments had been completed. Where appropriate, family members and health and social care professionals had been included in making best interest decisions. For example, one person was living with dementia and had been assessed as not having capacity to make a

specific decision. An Independent Mental Capacity Advocate (IMCA) had been involved in the best interest decision making process.

- The registered manager had made appropriate applications for DoLS. Where DoLS authorisations had been granted for some people, staff knew this and were aware of their responsibility to comply with these authorisations and any conditions imposed, when providing care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People continued to be supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People said that the staff were kind and caring. One person told us, "I get on well with all the staff." A relative said, "We are very happy with the care, staff are all kind, we wouldn't leave her here if not."
- Staff knew the people they were caring for well and had developed positive relationships with them. They told us about people, their preferences and needs. Staff spoke about people with compassion and respect. One staff member told us how they had built a trusting relationship with a person who had diverse needs and described the importance of providing emotional support when they needed to.
- Throughout the inspection we observed how staff interacted with people in a kind and caring way. People described feeling "happy" and "content" living at the home.

Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives told us they were involved with planning and reviewing care plans. For example, one person told us, "They talk to my daughter as well as discussing things with me." A relative said, "We have been included, communication is good."
- Care plans contained personalised details and showed that people and their relatives had been engaged with developing care plans. Regular reviews were held, this meant that information was kept up to date.

Respecting and promoting people's privacy, dignity and independence.

- Staff understood the importance of maintaining people's privacy and respecting their confidentiality. People's personal information was kept securely. We observed staff talking to people discreetly to protect their privacy. One person told us, "The staff are very diplomatic in how they approach things."
- People told us they were supported to maintain their independence. One person described going out regularly in the local community. We noted that a positive risk assessment was in place. This guided staff in how to support the person to safely access local facilities independently.
- Staff described how they supported people to maintain their dignity. One staff member said, "It's about people having control themselves, we are just here to support them." The home had a dignity champion who took a lead in ensuring that staff protected people's dignity. One person told us, "The staff are all nice and they are very respectful." Another person said, "They don't fuss, they leave you to it, but pop in and check you are alright."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service continued to meet people's needs.

People's needs continued to be met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were receiving care that was personalised according to their needs and wishes. One person told us, "I can live as I want to really." Another person said, "I want to make my own choices, I always make the bed myself and wash myself. There's no restrictions you can go out and have visitors whenever you want to."
- Staff explained how they supported people to have control in their daily lives. One staff member said, "Wherever possible people are offered choices. For example, people can go to bed when they want to, some people choose to stay up late and that's fine, the night staff support them when they decide they want to go to bed." We observed that one person was still in bed late into the morning. A staff member told us, "They often have a lie in, sometimes they get up for breakfast and then choose to go back to bed. They like to get up when they are ready and that's fine."
- People were supported to remain connected with the local community and with people who were important to them. One person told us they were supported to attend a local club every Friday where they met up with friends.
- People told us they had enough to do. Some people were taking part in organised activities, we observed that people were engaged in a quiz and appeared to be enjoying this. Staff described supporting people to remain active and said that some people enjoyed going out for a walk, others joined in physical activities or undertook some household chores. For example, one person liked to help hang out the laundry, another liked to lay the table at meal times. A staff member described how some people enjoyed making cakes on a Sunday as this is something they used to do before living at the home. People said that staff supported them to go out, including to the local shops. The registered manager had made arrangements with a local taxi driver to enable people to have a ride out when they wanted to.
- Some people were spent most of their time in their bedroom and were at risk of social isolation. Staff told us how they ensured that people were not socially isolated. One staff member said, "It is the person's choice to stay in their room. We pop in regularly to check on them and to make sure they have drinks." Another staff member said, "They like having their hair done and having their nails painted so we spend time with them so they are not lonely."
- Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. For example, a staff member described how people's dietary needs in relation to their beliefs were met.
- Some people had communication needs. Staff understood how to provide information to people in different ways to remove barriers to communication. For example, the registered manager explained that staff would read information for some people and for others written information would be provided in large print. Communication care plans identified people's needs and guided staff in how to support them.
- People said that staff were responsive to their needs. People who could use the call bell system described

staff responding quickly when they rang the bell. Records confirmed this.

Improving care quality in response to complaints or concerns.

- The provider had a complaints system in place. People and their relatives said that they knew how to make a complaint and felt comfortable to do so. One person told us, "I would speak to the manager straight away and it would be sorted out." Another person said, "I have nothing to complain about, but I am confident that the manager would listen."

End of life care and support.

- People were supported to plan for care at the end of their life.
- The registered manager described how staff worked with the palliative care team to ensure people received the care they needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection on 14 June 2016, we found that improvements to quality assurance systems had been made. At this inspection, we found that these improvements had been sustained and were now embedded within practice at the home. The rating for this domain has improved to Good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider used a range of systems and processes for monitoring the quality of care people received. This included a range of audits to identify any shortfalls and to check that improvements were made and sustained. For example, some care plans needed to be updated to reflect current care provided. The registered manager was aware of this and demonstrated that arrangements were already in place to make these amendments.
- There was a clear management structure and staff understood their roles and responsibilities. One staff member told us they had received feedback on their performance through their annual appraisal. They described this as a positive experience and told us about areas of practice they were being supported to improve.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility.

- People and staff told us consistently that their home was well-led. People, relatives and staff spoke highly of the management of the home. One person said, "The manager does a good job." Staff described the registered manager as, "Very understanding," "Supportive" and "Approachable."
  - Staff spoke positively about the culture at the home and described the values of the service were to provide high quality, personalised care. One staff member told us how staff had spoken to the manager about staff pressures at a particularly busy time of day. They described how an additional staff member had been brought onto the rota to ease the pressure and allow people to receive the personalised service they needed.
  - Some staff we spoke with had worked at the home for many years. One staff member said, "I love it here, it's like a family home, the atmosphere is very relaxed."
- The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC), including the requirements under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics.

- People told us they were involved in resident's meetings and notes from the last meeting showed that people had contributed to discussions for example, about planned improvements to the menu.
- Staff described how feedback from people was sought and used to make changes. For example, the registered manager had arranged for some people to go on a bike ride designed for older people. People were enthusiastic to begin with, but their feedback showed they had not all enjoyed the experience. The registered manager said they had listened to people's feedback and they were making arrangements for trips out in a car which was a particular preference expressed by some people.
- Staff described being able to discuss their views and ideas for improvements at the home. One staff member said, "We have discussed improvements that are needed and we know what we have to do, for example to make care plans more reflective of what we do."

Continuous learning and improving care.

- The registered manager had clear oversight and used quality monitoring systems to drive improvements at the service. For example, they completed analysis of falls to identify patterns or trends. This had led to staff receiving further training in falls prevention and to an increase in people receiving support with moving about to reduce risks of falls.

Working in partnership with others

- Staff had positive working relationships with other agencies. One staff member said, "We work well with the GP and district nurses." A visiting health care professional told us that staff were knowledgeable about people's needs and communicated effectively.
- Records showed that staff were passing information to health care professionals appropriately and worked collaboratively to provide joined-up care for people.
- Staff described how communication was key when people were transferred to the home from hospital. One person was admitted to hospital, staff described how they kept in contact with the ward with phone calls and visiting the person. This ensured that they had the information they needed when the person was well enough to come back to the home.