Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Christopher's Residential Home

47-49 Rutland Gardens, Hove, BN3 5PD

Tel: 01273327210

Date of Inspection: 16 November 2012

Date of Publication: December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs T Hounsome and D S Sandhu
Registered Manager	Mrs. Theresa Hounsome
Overview of the service	St Christopher's Residential Home is located in a quiet residential area in Hove and is registered to provide accommodation and personal care for up to 19 people. Care is provided to older people over the age of 65 years who are mobile. The property is large and has been converted from two adjoining houses. People's bedrooms are located over three floors. Communal facilities include a lounge, dining area, conservatory and a paved rear patio area.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

There were 14 people who used the service at the time of our visit. We observed the care provided, and looked at supporting care documentation. We spoke with both of the providers one of whom is also the registered manager (and who is referred to as manager in the report), two care workers, a domestic assistant, four people who used the service, and two relatives of another.

This told us people or their representatives had been able to express their views about the care provided, and where possible people who used the service had been involved in making decisions about their care and treatment.

People's care needs had been assessed and care and treatment had been planned and delivered in line with their individual care plan.

People's care had been provided by care workers who understood their care needs. Comments received included, "We are very happy","They (the managers) are very hands on," "They go the extra mile," "The staff are nice, the food is good, it's clean and warm. I have no complaints", and "Staff think about our privacy and dignity."

People knew who to talk with if they had any concerns about the care provided.

The provider had systems in place to regularly audit the care provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The manager told us that any potential new people who required care would have an initial assessment carried out to ensure that people's care needs could be met in the home. There was one new person who used the service at the time of our visit. We looked at their pre-admission assessment/care plan which had been completed. The relatives we spoke with told us that when their relative had moved into the home, a pre-admission assessment had been completed and they and their relative had been able to look around the home prior to admission.

The two care workers spoken with demonstrated an understanding of different cultures and of respect for privacy, dignity and diversity. We observed care workers during the visit treated people with dignity and respect; they called people by their preferred name or title, and spoke to them clearly and with respect.

We viewed four people's care documentation, which recorded some people's choice and preferences about their care.

We observed that the routine in the home was flexible, and people had either chosen to spend their day in their own room or in the lounge, or had chosen to go out. The four people who used the service and the two relatives told us that the routine was flexible in the home.

The manager told us that there was a regular activities programme in place for people who used the service. During the afternoon of our visit the care workers on duty facilitated a quiz and a discussion group. This activity created an enjoyable atmosphere. It involved and engaged people in the lounge and generated conversation about the questions and led to associated topics being discussed.

People had been supported to maintain and develop contacts with significant others in their lives whether this had been relatives, advocates or friends. This was evidenced from

the care documentation we looked at, from feedback from the people who used the service and relatives we spoke with, and observations on the day. Three people had gone out on the day of our visit. One person had been accompanied by their relative and two people had gone out independently.

We looked at a sample people's rooms in the home which reflected individual styles and interests. The manager told us that people had been supported to decorate their room with family photographs, cards, and flowers. Our observations confirmed this. We observed that people had access to music, films, and the television programmes they enjoyed.

People who used the service had the opportunity to discuss the care provided through resident's meetings and the completion of questionnaires. Records viewed confirmed this and detailed people had been able to discuss the catering arrangements, the activities provided and had been involved in the recruitment of new staff into the home. A suggestion box was also in place in the home for people to use.

A copy of the menu was available in the home for people to reference. The manager told us that although a choice of meal had not been recorded on the menu, people had been encouraged to discuss an alternative option directly with the cook. Two people who used the service told us they could always ask for an alternative meal if they did not want the meal provided that day. People who used the service had had the opportunity through a questionnaire or in discussion groups to suggest possible meals to be put on the menu.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at four care plans which had been drawn up from an initial assessment or review which had been completed. The care plans detailed the care to be provided, and had some recording as to people's preferences as to how the care was to be provided. Also recorded was where specialist interventions had been sought, including chiropody, dentistry, district nurses, and GPs. Detailed within the care plans were any identified risks. The manager told us what had been put in place to protect people where a risk had been identified. The provider may find it useful to note that the risk assessment did not fully detail all the measures that had been put in place to protect people where a risk had been identified. This was discussed with the manager at the end of the visit. The manager told us that they were in the process of implementing new care plans. They told us that those that had been completed included more detail about the care to be provided and areas of risk to be considered. These detailed the measures they had put in place to protect people. We looked at one of the new care plans which had been completed and which evidenced this.

Staff told us that they had been provided with detailed daily verbal updates of people's care needs as part of the handover process between staff shifts. These handovers had provided structure and guidance for members of staff, to ensure that identified current and ongoing care and support needs could be met consistently and safely. They had also read the daily records of care provided. These records highlighted changes to people's care plans and had been read by staff to ensure they kept up-to-date with people's care needs. Periodic team meetings had also been held where people's care needs had been discussed.

Two of the care workers spoken with demonstrated a good level of knowledge of the needs of the people who used the service. All the people who used the service had been able to talk with the staff about their care needs and preferences as to how the care should be provided. They told us they had the time and support they needed to meet individual people's care needs.

People who used the service and the two relatives we spoke with told us they were happy with the care they or relative had received and told us that they liked the staff team. They told us where possible they and their relative had been fully involved in the planning of their care, and had felt listened to in the drawing up of the care plan. People had received the support they required, their privacy and dignity had been considered when personal

care had been provided, and the staff had treated people with respect. They were very happy with the care they and their relative had received.

We observed that the provider, the manager, and the four care workers who worked in the home during our visit had positive relationships with the people they supported. Care was seen to be provided in a discreet and dignified way that fully respected the needs of the people who used the service. We observed people were offered choices about their care particularly in relation to activities and the meals provided.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider and the manager told us they had undertaken safeguarding vulnerable adults training. They confirmed they and all the care workers had access to a copy of the local safeguarding policies and procedures to reference in the home. A flow chart for staff to follow and information on whistleblowing was seen to be available for staff to reference. The provider may find it useful to note that staff did not have the latest copy of the local safeguarding policies and procedures to reference. We discussed this with the manager who told us that they would ensure these were updated.

The two care workers spoken with demonstrated a good knowledge of safeguarding people from abuse and were aware of where to access the policies and procedures. They knew how to recognise the signs of abuse and that they must report all cases of concern to the appropriate person in the home or to external agencies where appropriate.

The staff training records were viewed and detailed that all the care workers had attended safeguarding of vulnerable adult training in the last year.

The provider and the manager told us they had undertaken training in the Mental Capacity Act 2005. They demonstrated an awareness of the facility of a best interest assessment for people where required and who to contact to initiate this. They had not completed any training or guidance in the Deprivation of Liberty Safeguards (DoLS.)

The two care workers we spoke with told us they had also undertaken training in the Mental Capacity Act 2005, but did not demonstrate an awareness of DoLS. We discussed this with the manager who told us that their training provider had been contacted and booked to facilitate training in the home. They would ensure training/guidance in DoLS would also be included in the training booked to be provided.

The manager told us that all care workers were required to undertake a Criminal Record Bureau (CRB) check. We viewed a record of care workers CRB checks, which detailed all the care workers had a check completed.

There was a complaints policy and procedure in place. We spoke with four people who used the service and two relatives of another. They told us they knew who to talk with if they had any concerns about the care provided. They had not had to raise any concerns

about the care provided. They felt they and their relative were safe and was well cared for by the care workers in the service.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were well supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with one new care worker who was on duty during our visit. They told us that they had received an induction when they first started to work in the home. This had included the shadowing of an experienced care worker in the home. We viewed a sample of the records of inductions which had been completed.

The manager told us they had undertaken the Registered Managers Award and a National Vocational Qualification (NVQ) Level 4 qualification in Care. That of the 10 care workers who worked in the service one had undertaken NVQ Level 2 in Care, and nine had completed NVQ Level 3 in Care.

The manager told us that all mandatory training had been updated yearly. We looked at the training records which detailed all the care workers had completed this training. The two care workers spoken with told us that they had undertaken the mandatory training, which included, moving and handling, medication administration, health and safety/ infection control, first aid awareness, safeguarding vulnerable adults, basic food hygiene, and fire training. Additionally one care worker had completed training in dementia care to meet the needs of the people who used the service. Both care workers told us that they had good access to training.

The two care workers told us they had received regular supervision through individual meetings with the manager and through periodic team meetings. They told us that handovers had also at times been extended and had provided staff with information/guidance. Staff had received a regular monthly newsletter from the providers. We looked at the last newsletter, which had updated care workers on a number of issues and had included Christmas, fire training, and staff duties. One of the care workers spoken with had an annual appraisal completed, and for the second they were a new care worker and had not yet worked in the home for a year.

The two care workers told us that they had felt well supported. One commented "I was lucky to come here," and "it's a lovely home a happy home."

We spoke with four people who used the service and two relatives, who told us that the staff understood their or their relatives care needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager told us an assessment had been undertaken prior to the commencement of any service to enable the staff to decide if the service could meet individual people's care needs.

People had care documentation in place which had identified their care needs to ensure that care had been consistently provided. We looked at a sample of the daily records of general care and activities, which had taken place during the day and to inform the staff team of the care that had been provided. The sample of people's care documentation viewed recorded that there had been regular reviews undertaken to check the care that had been provided, and that people had been satisfied with the care that they had received.

People who used the service had been asked through residents meetings and through questionnaires for their views about the care provided. They had also been asked for their views on the food provided in the home and for suggestions of meals to be put onto the menu. We looked at the minutes of the last resident's meeting which recorded people had had the opportunity to discuss activities provided in the home and had been involved in the recruitment of a new cook.

The provider and the manager told us they had completed regular quality audits as part of their monitoring of the service's activities and compliance with the required standards. This had been in relation to care provided, infection control and building and facilities checks. We looked at a sample of the record of audits completed. Records showed that fire safety checks and planned and responsive maintenance had been carried out.The provider may find it useful to note that not all the records were available to view during our visit. We discussed this with the provider and the manager who told us this would be addressed, and subsequently provided a copy of the health and safety check which had been carried out in the last six months.

A system was in place to record incident and accidents in the home, and a sample of these records were viewed.

A complaints log was in place. The manager told us that no formal complaints had been received during the last year.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk