

Sandstone Care North West Limited

St Helens Hall and Lodge

Inspection report

Elephant Lane
St. Helens
WA9 5EL

Tel: 01744818030

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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 Helen's Hall and Lodge is a residential care home providing personal care to 74 people aged 65 and over at the time of the inspection. The home has 2 units, The Lodge which can accommodate 56 people on two floors and The Hall which can accommodate 38 people on 2 floors.

People's experience of using this service and what we found

The majority of medicines were managed safely, however we have made a recommendation about the management of 'as and when' medicines.

Feedback we received from health and social care professionals, people and relatives was positive.

The recruitment of staff was safe and there were enough staff on duty on the day of inspection to meet people's needs. Risks to people's health and safety had been assessed and mitigated and equipment had been serviced and maintained. Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence.

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

We observed support being provided in the home and saw that this was done in a caring, responsive and patient manner. We saw that people were comfortable in the presence of staff and positive relationships had developed between people receiving support and staff.

Care plans and risk assessments were person centred and they detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw evidence of how the registered manager and staff ensured people's beliefs, choices and rights were respected.

Rating at last inspection

The last rating for the service under the previous provider was good, published on 5 September 2019.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Helens Hall and Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors 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.

Service and service type

St Helen's Hall and Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection that was carried out when the service was under a different provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were mostly managed safely. However, we identified that the amount of "as and when" medicines (PRN) did not always match what was documented as administered.
- 'As and when' painkillers did not always have clear instruction of when these medicines were to be offered and how people were able to express their pain.

We recommend the provider consider current guidance on giving 'as and when' (PRN) medicines to people alongside their prescribed medicines and take action to update their practice accordingly.

- Medicines administration records (MAR) were in place and staff had signed to confirm when medicines had been given.
- Staff had received medicines training and their competency to administer medicines had been assessed.
- Medicines were stored securely and disposed of safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There were policies covering safeguarding adults, which were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- People's and their relatives told us people were safe in the presence of care workers. One person told us, "Oh yes, I can walk around at night and feel safe" and a family member told us, "I think she's safe, much better than if she was at home."

Assessing risk, safety monitoring and management

- We identified that some monitoring information such as pressure area care and nutrition charts were not always completed. This was brought to the registered managers attention who immediately implemented actions to improve.
- Risk assessments had been completed. These provided information on measures in place to safely support people. These were reviewed regularly and updated where required.
- The electronic care planning system enabled staff to have immediate access to updated information. This meant risks to people were acted on promptly.
- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date.

- Accidents and incidents were appropriately reported and monitored for trends.

Staffing and recruitment

- A process was in place to ensure staff were recruited safely. Pre-employment checks had been completed to ensure staff were suitable for their role.
- There appeared to be sufficient numbers of staff on each shift to meet people's needs. One person told us, "There's more staff than I had before. You don't have to wait half an hour or an hour for a staff member."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One family member told us "Oh yes because of COVID, when you go in you have to follow the arrows and it leads to the library where we visit. We have to wear gloves, masks and a pinny, its lovely."

Learning lessons when things go wrong

- Lessons learnt were discussed with staff at handover, daily meetings and team meetings.
- Records demonstrated that staff were open in reporting incidents such as falls.

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.

At the last inspection that was carried out when the service was under a different provider, this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were assessed by the appropriate person prior to them receiving care to ensure the service was able to meet their needs.
- The provider had responded to changes in people's needs, adapting their care as appropriate. For example, one person was at risk of falling so assistive equipment was accessed so they could maintain their independence.
- The provider ensured there were up to date policies and procedures in place to offer guidance for staff and reflect best practice.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role. Training records confirmed the required competencies had been achieved.
- New staff completed an induction before starting work. This ensured care staff had the fundamental skills and knowledge expected within a care environment.
- We saw records confirming that supervision and support were being provided. Staff we spoke with told us they were appropriately supported.

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

- People were supported to make choices about what they would like to eat and drink. One person said, "Oh yes more than enough, sometimes you have to hold your belly in. I've put on weight. They are very pleased I'm back to my normal weight. I'm only sorry I didn't meet these people years ago." A family member said, ""There's a lovely menu and always smells lovely."
- People's care plans contained eating and drinking guidelines and identified any risks or support needed. For example, if someone needed a specialist diet, such as a diabetic menu.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend a range of healthcare appointments including visiting the GP, dentist, optician and chiropodist. A family member told us, how the staff were liaising with dieticians for the well-being of their relative.
- The staff had involved healthcare professionals in people's care by making referrals and seeking advice and guidance to keep people well. Professionals we spoke with gave very positive examples of regular contact they had with the registered manager and staff.

- We were told by one professional, "Residents seem happy and comfortable during my weekly visits, the accommodation is clean, well maintained and it is clear that staff have their best interests at heart. They obviously want their residents to be cared for and to enjoy living at The Hall." Another told us "The staff at St. Helens Hall & Lodge have always been very welcoming. I have built a very good relationship with the home manager, deputy and care managers over the years. When I visit, either planned or unannounced, I am met with professionalism and generally the staff know the residents well and can provide information when needed."

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

- The environment was well maintained and decorated. People were able to access different areas in the home to spend time with friends and family, or alone should this be their preference.
- People were encouraged to personalise their rooms with pictures and personal furniture when they moved in.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported by staff to make choices and decisions about their care. This support was based on the MCA and its key principles of always assuming people could make decisions.
- Staff received training in applying the principles of the MCA and understood their responsibility in providing choice and gaining consent.
- Staff used techniques to help people make decisions, such as offering a variety of clothes or food. We were told by the people we spoke with that their consent was always sought. We were told "Yes, they are very good." Another person said "Well yes, anything that involves me."

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.

At the last inspection that was carried out when the service was under a different provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and family members spoke positively about the service. One person said, "Oh yes, if you say 'I don't like that' they will go through absolutely everything to find something you like. They look back and see what I have eaten in the past to try and accommodate you. They are very good, there are certain things they just don't give me because they know that I don't like it. It's not just me it's everybody." Another told us, "'Oh I get treated properly.'" A family member said, "[Person] had a bit of an accident, I went and got the deputy and she showered her, and it was respectful. She was excellent."
- The registered manager and staff were considerate, kind and responsive in their actions and spoke about people warmly and knowledgeably.
- People had input into their care including their dietary, gender, ethnicity and religious beliefs.

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

- People were supported to make decisions about their daily life.
- We observed that those who could not consent or make their own decisions were supported by staff patiently in the lounge and dining room.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. We saw staff support a person who was eating. They were patient and encouraging.
- People were supported to maintain their independence. A family member told us "Yes, just every time I have been there they interact, showing and telling me what she has done. They seem to be wanting to help and encourage [person]."
- One person told us, "If you've gone to your room they knock and wait. They don't just knock and barge in. We were just talking about this the other night and everyone was saying the same thing, so it is very much appreciated. It's like being at home, it fits me well this place. I'm quite happy here now. I haven't felt like that for a long time." Another said, "Because the staff care about you. They are always asking you if you are alright or need anything. They genuinely care about you. At first I thought this will soon change but it's definitely a huge improvement from where I was before."

Is the service responsive?

Our findings

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

At the last inspection that was carried out when the service was under a different provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Assessments had been completed to identify people's needs, likes, dislikes and preferences. The information obtained through assessments and discussions with people and their relatives, was recorded in care plans and these were regularly updated.
- Technology including sensor mats were used to respond promptly to people's needs.
- People were supported by staff who knew them well and were able to tell us how they liked to be supported. People's care was person centred and individualised and we saw this in practice during the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory and communication needs had been considered during the assessment process. This included the use of glasses and hearing aids and staff knew people's different ways of expressing their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The staff actively supported people to maintain relationships with their families and friends.
- People were able to make choices about how they spent their time and were supported to take part in a range of social and leisure hobbies and interests. One family member told us, "Well they went to Blackpool the other day and the day before yesterday we had a good sing song, some danced that could dance."
- One health professional told us "I have witnessed wonderful activities to keep patients entertained including the use of a therapy puppy, crafts for Halloween and outdoor singing during the pandemic. It is clear that the resident's quality of life and care is at the heart of the organisation."
- We observed kitchen staff in the dining room chatting with people, it was clear they knew people well. We were told that one person used to be a baker and baked cakes for many years. We were told by the staff and the person about the plans to purchase ingredients for her to make a cake for everyone. The person in question spoke positively about the kitchen staff.

Improving care quality in response to complaints or concerns

- People we spoke with and their relatives told us they had no concerns or complaints to make about the service. Comments included, ""Oh yes, they are very good like that. You can go down to the office and have a talk.""
- There was a complaints policy and people's relatives confirmed they could complain if needed to. Complaints were addressed appropriately. This involved investigating complaints, speaking with all concerned and taking action to address the concern.
- No person we spoke with had any complaints at the time of inspection.

End of life care and support

- Systems were in place to support people during the end of their life.
- People 's individual preferences and wishes had been discussed with them and their family and incorporated into their care plan. This included if they wanted to be resuscitated, and any funeral arrangements they wished to share with the service.
- Staff received training in end of life care to enable them to be responsive to people's changing needs at their end of their life. We received very positive feedback from a family member who told us how the staff had been very person centred and caring with them and their relative.

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.

At the last inspection that was carried out when the service was under a different provider, this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager provided training and guidance to staff regarding the importance of choice and personalised care.
- People, relatives and staff told us they felt the registered manager was approachable. One person told us, "Oh yes [seen her] a few times. I've seen her today."
- Staff spoke positively about the support they received from the registered manager. One staff member told us, "I love coming here to work."
- The registered manager was open, approachable, reflective and a role model to the staff. The staff worked well together and worked as a supportive team and were able to give regular feedback via staff meetings and supervisions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager was aware of their responsibility to be honest with people when things went wrong. They undertook investigations if any incidents and accidents happened to try to prevent them happening in the future.
- The registered manager had reported notifiable events where required to the CQC and maintained records of actions which had been taken. This was to help ensure changes made were effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was very transparent and was very receptive to feedback during the inspection. we identified an issue with 'as and when' medication and this was immediately acted on and audits were carried out and the findings and actions were fully shared with the inspection team.
- Systems were in place to monitor the quality and standard of care provided. A range of audits were completed and the findings of these were analysed and used to drive change and improvement.
- The registered manager was supported by the provider who visited regularly.
- The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as, medicines management, safeguarding, equality and diversity and infection control.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had developed positive partnership working with other health professionals in order to develop people's care. This included work with GP's, the local authority and others. Comments we received included, "I can say that the management and the care staff demonstrate positive partnership working, from my experience anything that I have recommended or requested they have always engaged, and we have worked together to get the best outcome for the service users we have worked with."
- People were encouraged to express their views and opinions at residents' and relatives' meetings. People and their relatives told us they felt listened to and their opinions were considered.
- Relatives' meetings had taken place throughout the pandemic via video calls.