

Avery Homes (Nelson) Limited

St. Giles Care 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 Giles Care Home is a care home providing personal care and accommodation to up to 66 people. The service provides support to older people and people with dementia. At the time of our inspection there were 51 people using the service.

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

Medicines were not always managed safely. We were not always assured the provider was promoting good hygiene practices.

The provider had safeguarding systems and processes to help keep people safe. Staff knew about the risks to people and followed the assessments to ensure they met people's needs. People felt safe and were supported by staff who knew how to protect them from avoidable harm.

People were supported to access healthcare professionals when their needs changed. Staff received training and competencies to ensure they were skilled to meet people's needs. People were offered a choice of food and the environment was warm and welcoming.

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 mainly supported this practice.

Staff sought people's consent before providing care and support. People's individual communication needs were considered to support them to be involved in their care.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

Different activities were available for people to get involved with. Care plans contained information about people's preferences and staff knew people well.

Complaints were responded to in a timely way and information about the support people wanted to receive at the end of their life was recorded.

Staff spoke positively about working for the provider and felt well supported. Staff were able to approach the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was good (published on 21 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. A decision was made for us to inspect and examine the information we had reviewed. As a result, we undertook a comprehensive inspection.

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.

The overall rating for the service has remained good. This is based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Giles Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led 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. Giles Care 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. 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 Health and Social Care Act 2008.

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

The inspection was carried out by one inspector, one specialist advisor who was a nurse, one assistant inspector and two Experts 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. Giles Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. St. Giles Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the Local Authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 11 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, area manager, senior care staff and care workers.

We reviewed a range of records. This included eight people's care records, quality assurance records and multiple medicine records. We looked at three 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.

We continued to seek clarification from the provider to validate evidence found, including information about medicine competencies and administration of creams.

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 we rated this key question Good. At this inspection the rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were not always managed safely. We found 2 people's barrier creams were not signed or dated when opened. It is important to have a record of when prescribed creams are opened to ensure they are disposed of before the expiry date. We raised this with the registered manager, and they addressed the issue during the inspection.
- People received their medicines safely and as prescribed. People told us they received their medicines when they needed them.
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' required.
- The provider had procedures to ensure medicines were stored and managed safely.
- Staff who administered medicines had been specifically trained to do so and the management team completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.

Preventing and controlling infection

- We were not always assured the provider was promoting safety through the layout and hygiene practices of the premises. For example, one person who received lunch in their bedroom had left over food debris on their bed. We raised this with senior staff, and this was addressed. In addition, we found one of the kitchen freezers and microwave had stains and required cleaning. This was raised this with the registered manager, and they addressed the issue during the inspection.
- A number of staff members had supported people to attend a day trip, and this had some impact on the speed in which hygiene issues were being managed on the day of the inspection. We found staff members and the registered manager receptive to our feedback during and after the inspection and a focus on making improvements.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives explained how staff kept people safe. A relative told us, "[Name of person] needs hoisting and I have been there when they have done this. It is done safely with the staff talking to [name of person] all the time, reassuring and guiding. They have arthritis and can be in a lot of pain and they (care staff) are so gentle with them and take it all at [name of person's] pace. They previously have fallen out of bed and they put crash mats on the floor and the bed is really low so if they do roll out, they won't get injured."
- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are many different types of abuse that can happen in a care setting such as physical, verbal, emotional and financial."
- The provider had systems in place to safeguard people from abuse and the registered manager understood their responsibility to follow local safeguarding protocols when required. Staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.
- One staff member told us, "If I witnessed or became aware of any kind of abuse, I report it to the manager. If I was unhappy with how it was dealt with, I would contact the safeguarding local authority team and CQC."

Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were robust risk assessments in place to guide staff on how they should support people safely. These included risks associated with the environment.
- Risk management plans contained information to keep people safe. For example, people who had a visual impairment had risk assessments with detailed instructions for staff to follow to keep those people safe.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency such as a fire.

Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.
- Our observations during the day, indicated there were enough staff on duty to support people with their care needs. People and their relatives told us there was enough staff to meet people's needs. One relative told us, "We ever I have visited there have always been enough staff for people".

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. The registered manager confirmed if the home experienced an infection outbreak, relatives could still visit via a telephone booking system and have temperature checks undertaken upon arrival.

Learning lessons when things go wrong

- Accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence. Any actions or trends were discussed and shared with staff through staff communications and staff meetings.

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 we rated this key question Good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- We found the provider had sent Deprivation of Liberty Safeguards (DoLS) authorisation requests for people who lacked capacity and for some of these were waiting for applications to be authorised by the local authority.
- Staff had received training in the MCA and had some basic knowledge of the Act. People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

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

- People were assessed before they used the service to ensure their needs and preferences were identified and could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality. The registered manager told us, "We have had religious leaders attend the home, we are happy to accommodate people's needs."
- Completed assessments were used to formulate a plan of care for each person. This provided staff with the information they needed to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- Relatives told us they were confident staff had the skills and knowledge to meet people's needs. One

relative told us, "They work with [name of person] and with us as a family. They really understand [name of person's] condition. The staff are really good with [name of person]."

- Staff were positive about the providers training programme. A member of staff said, "I enjoy the training, it gives me all the information I need to do my job."
- New staff had completed an induction programme which involved training and shadowing more experienced staff members.

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

- People were supported by staff to have enough to eat and drink to maintain their health and wellbeing.
- People had choices and access to sufficient food and drink throughout the day. Food was well presented, and people told us they enjoyed it.
- People's feedback about the food was sought regularly by staff asking people and making observations. One person told us, "The food is ok". A relative told us, "I can't say enough about how good they are particularly when [name of person] is struggling with eating. They ring me for ideas to get their appetite going and they do follow through on these. I think they try their best."

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

- People and their relatives told us the service worked very closely with other agencies and health professionals in order to meet people's specific needs. One relative told us, "We met with the doctor this morning and are all aware of where [name of person] is at. Communications are good."
- Care plans were regularly reviewed to identify any changes in care or support required. Staff were knowledgeable about people's health conditions and needs. Staff told us changes to people's health and well-being were communicated effectively.

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

- The home was adapted to meet the needs of people using the service.
- Adaptions had been made around the home to enable people living with dementia to orientate themselves. For example, the walls were decorated with many photographs to act as an aide memoir. There were framed short stories. These stories were informative without compromising privacy and helped people to understand a persons' life story and an opportunity to promote quality conversations. The premises provided people with choices about where they spent their time.
- People's bedrooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

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 we rated this key question good. At this inspection the rating for 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 were supported by staff who treated them with kindness and respect. One relative told us, "I spend a lot of time there at the home and can honestly say I have never heard or seen anything where the staff have spoken inappropriately or lost their patience with anyone. The staff are all lovely and they will recognise when [name of person] is not feeling their best and respond to their needs, treating them with respect and dignity."
- People's care plans contained information about their wishes and preferences and there was consideration of people's diverse needs. We observed kind and caring interactions between staff and people.
- Staff enjoyed their role in supporting people. One staff member told us, "We are one big family, all the residents and their relatives are treated with dignity and respect."

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

- People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered.
- One relative told us, "The staff do seem to know how to approach [name of person] and know their likes and dislikes. The staff are lovely with [name of relative], very kind and caring."
- We observed people being offered choices about their day-to-day care. One person told us, "They [care staff] listen to what I have to say, I have a choice."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space. One staff member told us, "When giving personal care I ensure doors and curtains are closed, and the person is covered with a towel."
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

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

At the last inspection we rated this key question good. At this inspection the rating for 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

- One relative told us, "We went through the care plan together, we sat with [name of person] and discussed all of their needs. It was reviewed again this last March and they are always talking to me about [name of person's] condition and keeping me up to date."
- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as pictorial and large print for people who required this.

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

- People had opportunities to engage in meaningful activities to support their social care needs.
- We observed many people being supported to attend a day trip. One relative told us, "There are two staff members who do activities with the residents. When I popped in last week, they were holding a quiz with [name of person]. It was one to one and they were really enjoying it. They do all sorts though, bingo, painting and colouring etc. They had a trip to Stratford last week."
- Relatives told us when people were cared for in their bedrooms, staff would ensure they spent time with them. One relative said, "The activities ladies go in to see [name of person] and one of them often brings their dog in [name of person] loves to see the dog. They also do [name of person's] nails and sit and chat with them. The staff will help them browse through TV channels [name of person] likes such as nature programmes. They will also make sure [name of person's] Kindle is charged as they like to read."
- We observed, and relatives told us, people were supported to maintain important relationships. One relative told us, "Communication is very good although I am there most days, so they talk to me directly. I do

sometimes see the manager and she is always pleasant. All of the carers are lovely and I'm on first name terms with them. The place is very homely and not at all institutionalised."

Improving care quality in response to complaints or concerns

- Relatives knew how to make complaints and felt confident that these would be listened to and acted upon in an open way.
- People and relatives told us they felt able to raise any concerns and could approach the registered manager directly. We saw complaints had been received and responded to and resolved in a timely manner.

End of life care and support

- People who were at the end of their life had an end of life care plan so their wishes and beliefs would be known and respected by staff.

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 we rated this key question Requires Improvement. At this inspection the rating for this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to assess and monitor the quality and safety of the service provided to people, with provider oversight. Audits were completed on care and medicines records and prompt action taken where inconsistencies were identified.
- People were supported by staff who were motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff were aware how to raise a concern and told us what they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "The manager is lovely and I have always felt comfortable approaching them with anything. I haven't had huge concerns but there have been things I have wanted to discuss, and they have listened and been open to suggestions. The manager is out around the home, easy going and very approachable. I think it is very well run."
- All staff were committed to providing people with a high standard of care which was tailored to their needs and preferences. One relative told us, "I absolutely would recommend. I have never found any of the staff to be anything other than patient, caring and respectful".

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 registered manager understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

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

- The registered manager confirmed feedback was obtained from relatives using structured telephone calls.

- People's views were sought daily when receiving support.
- There were regular meetings for staff and their views were encouraged. Staff told us they felt valued, and their views were respected. One staff member told us, "Team meetings and catch up are always productive because it gives us opportunity to raise any concerns or ideas for improvement."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management. One relative told us, "I have been to a couple of residents and relative's meetings. They have been very open and responded to the feedback."

Continuous learning and improving care

- The management team spent time working with staff to identify areas that may need improvement.
- The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they had access to continued learning so they had the skills to meet people's needs.

Working in partnership with others

- The provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure people were supported appropriately.