

Christ The King Residential Care Homes Limited

St. Augustine's House

Inspection report

76 St. Augustines Avenue
South Croydon
CR2 6JH

Tel: 02087600735

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17 July 2019

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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 Augustine's House is a 'care home' providing personal care for people, some of whom may be living with mental health disabilities. The service can support up to 16 people. The care home accommodates 13 people in one adapted building.

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

People told us they felt safe living in this home and that staff were kind to them.

Staff received training to do with safeguarding adults and the provider followed clear safeguarding procedures that helped to protect people from harm. Risks to people, including those associated with their healthcare needs, were assessed and plans were in place to reduce them.

Whistleblowing procedures were in place and displayed on notice boards for all to see. Staff told us they were confident any concerns they reported would be dealt with appropriately.

Equipment in the home such as hoists and were well maintained with regular servicing arrangements in place. The environment was clean and tidy, the home was completely redecorated in the Autumn 2018 when the new home opened. Effective infection control procedures were in place and staff received training with food hygiene.

There were sufficient staff to meet people's needs and safe recruitment practices were in place.

People's medicines were stored, administered, recorded and audited appropriately. The provider had appropriate policies and procedures in place to support people safely with their medicines as prescribed.

Comprehensive needs assessments were carried out and there was sufficient detail and personalisation in the care plan to ensure the person's needs were met in a personalised way.

The registered manager and staff had relevant health and social care qualifications and completed training to ensure they were able to meet people's needs effectively. Support was provided appropriately for staff with regards to their professional roles.

Records showed appropriate consent was gained in line with legislation and guidance.

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.

Records showed people were supported to have their health needs met, with access to health professionals

as required.

People told us the relationship between them and the staff team was good. They said their privacy and dignity was respected. They also said they were able to express their views and preferences and staff responded appropriately.

There were systems in place to ensure concerns and complaints were responded to in an appropriate way.

Comprehensive quality assurance processes were in place that monitored a wide scope of practice and procedure by staff, identified shortfalls and drove improvements. People, relatives and staff were encouraged to share their views about care and support at the service. The provider worked collaboratively with other agencies and organisations to meet people's needs.

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

Rating at last inspection.

This service was registered with us on 25/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection in line with our inspection schedule. We found the service met the characteristics of a "Good" rating in all areas.

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. Augustine's House

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

St. Augustine's House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 and took place on 17 July 2019.

What we did before inspection

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 reviewed information we had received about the service since the service was registered. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We spoke with three staff and the registered manager. We reviewed a range of records. This included five people's care records and medicines records. We looked at

five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we spoke with three relatives of people and two health and social care professionals.

Is the service safe?

Our findings

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

At this, the first inspection, this key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe with the staff who provided them with care and support.
- Staff said they had received training to do with the protection of vulnerable adults and we saw certificated evidence that supported this.
- Staff were able to describe the types of abuse they might encounter in their work and they knew how to recognise them. They were aware of the actions they should take if they had any concerns.
- The provider had appropriate policies and procedures in place that were linked with the local authority. The registered manager told us they planned to ask staff to sign the policies and procedures to indicate they had read and understood them.

Assessing risk, safety monitoring and management:

- People and staff were protected by the provider's comprehensive risk assessments and risk management strategies. These identified possible risks and provided clear guidance and information for staff to follow that has helped to minimise these risks.
- Staff understood where people required support to reduce the risk of harm to them. Care plans contained guidance for staff to follow to keep people safe.
- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.
- General risk assessments were in place for managing risks around the home including for fire safety, food safety and general health and safety.

Staffing and recruitment

- Our inspection of staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- People told us they thought there were appropriate staffing levels to meet people's needs.
- Staff rotas indicated safe staffing levels were provided for both day and night time shifts.

Using medicines safely

- The registered manager told us that only staff who had completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they had been trained in the safe administration of medicines which they had found useful. We saw certificated evidence that supported this.
- The provider's policies and procedures for medicines helped to ensure people received them safely and as

prescribed.

- People received their medicines safely and as prescribed.

Preventing and controlling infection

- Training records evidenced that staff received training with food hygiene and infection control as a part of their induction training and refresher training which formed part of their further development programme. This has helped to prevent the spread of infection to people.

Learning lessons when things go wrong

- The registered manager told us there had been no accidents or incidents reported to date. The recording format used to log any accident or incident was appropriate and included a section designed to enable improvements to be made to policies and practices where necessary.

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 this, the first inspection, this key question was rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Our review of people's care files demonstrated people's physical, mental and social needs were all assessed as part of the needs assessment process in place. People's care, treatment and support was delivered in line with current legislation and standards which helped to achieve effective outcomes.

Staff support: induction, training, skills and experience

- People were supported and cared for by appropriately trained and skilled staff.
- The registered manager showed us the induction records completed for all new staff. This showed staff received a comprehensive induction. They told us this helped them to carry out their roles effectively. Staff said other training they received helped them to develop their skills and knowledge appropriately for their roles. The registered manager said that training was refreshed annually and delivered by a variety of methods including e-learning and classroom-based learning.
- Staff received appropriate support to carry out their roles effectively. Staff said that the registered manager was always available if they needed to discuss anything related to their work.
- Staff received regular one to one supervision support sessions. Staff told us people's care, support and changing needs were discussed.
- The registered manager ensured that staff received an annual appraisal when performance and personal development was discussed.

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

- People told us they were supported by staff appropriately with their meals. They said staff asked them how they would like any help and support to be provided to them. They said they were happy with this support.
- Staff were aware of people's specific dietary needs, they told us people's individual wishes and preferences were provided for wherever possible at meal times.
 - Where required staff supported people to drink thickened fluids to reduce their risk of choking.

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

- The provider worked in conjunction with other health services to make sure the person's needs were met. The care plans we inspected included details of health professionals and there were procedures for staff to follow in reporting any health emergencies and summoning assistance when required.

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. The registered manager knew what they were responsible for under these principles.

- Staff had a thorough understanding of their role to support people in line with the MCA. They were aware of the processes that needed to be followed when people did not have capacity to consent to decisions about their care.
- Where people lacked capacity to make decisions about the accommodation, care and support they received, they were supported with mental capacity assessments undertaken by healthcare professionals.
- Where best interests assessments were carried out, staff acted on their findings and implemented their recommendations.
- Where people lacked capacity, care records detailed the restrictions in place to keep them safe.
- The details contained within peoples DoLS authorisations included the dates of assessments, the period for which the deprivation was valid and when the DoLS authorisation would expire.

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 this the first inspection this key question was rated good. 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;

- Staff received training in equality and diversity. Staff were able to speak the languages of people who used the service and they understood and respected people's different cultures. People told us this enabled them to have an effective and responsive caring relationship with staff.
- People said they liked the staff who supported them and told us staff were caring and kind. Comments included, "Most of the staff are friendly and helpful, one or two can have an off day but most are really caring", "Staff are good to me, I like the staff here", "They are ok the staff here." One person told us staff were very supportive to them and more caring than their own family. We observed staff interacting with people in the communal areas and saw they had good relationships and staff were warm towards people.
- We observed staff supporting people to eat where this was set out in their care plan. They treated the person with dignity and respect. Staff made sure the person was comfortable and knew what food they were being served. Staff also ensured the person's clothes were protected from any spillages.
- Staff told us they enjoyed their roles supporting people and knew them well. The registered manager told us staff were required to read people's care plans in order for them to be aware about people's needs. They said new staff spent time shadowing experienced staff to learn people's preferences.

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

- People told us they were aware of their care plans and were involved in drawing them up. They said they were able to express their wishes and preferences and they said they were able to make day to day decisions about their care and support.
- People's records included detail about their personal history, their likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the person's privacy and maintained their dignity. People and relatives confirmed that staff provided them with support in a way they were comfortable with and felt respected by staff.
- People were enabled by staff to maximise their independence as far as they were able. One relative told us, "Staff provide a good level of care for people, while continuing to encourage and support their independence. That benefits everyone".

Is the service responsive?

Our findings

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

At this inspection this key question was rated good. This meant people's needs were met through good organisation and delivery.

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

- People's needs were assessed before they moved into the home. This was to help to ensure people received the right support to meet their needs, wishes and preferences. Their care plan was developed based on the assessments completed by the registered manager and was agreed by the person as well as their health and social care professionals.
- People's care plans were sufficiently detailed and reflected the care people said they wanted. Care plans were up to date and accurate, so they were reliable for staff to follow. The registered manager told us staff were required to read people's care plans to help ensure they received the right care.

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 understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferred method of communication were identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.
- The registered manager told us the service provided information that people needed, such as a guide to the service, their care plan and the complaints procedure, in different formats on request. This included large print, audio, different languages or easy to read pictorial versions, as and when required.

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 were supported to maintain their relationships and joining in with activities. People told us their family and relations were encouraged to visit the home. Relatives told us they often visited the home and were made to feel welcome by staff and the registered manager.
- People said there were some activities that they enjoyed participating in but they told us they would like the range of activities to be expanded. We discussed this with the registered manager who agreed to discuss this with people and staff with the intention of reviewing the programme and integrating wherever possible people's wishes.
- We saw people had some opportunity to take part in organised activities. During the course of the inspection we saw staff ask people what they wanted to do, planned events and checked if people were satisfied with them. An example we saw was badminton was being played on the back lawn. Other people were playing scrabble and painting. People had individual activity plans as a part of their care and support plans.

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.
- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received would be used to develop and improve the services.
- People and their relatives told us they would talk with staff or the registered manager if they had any complaints although they told us they had not had any reason to complain since they started receiving a service.
- The registered manager told us they had not received any complaints since the service was registered.

End of life care and support

- The registered manager told us people with end of life care preferences were recorded in their individual care plans, with family involvement when needed. This meant people's wishes and preferences for their end of life care could be managed accordingly. The importance to people of this was it provided re-assurance and extra confidence knowing their wishes would be met when necessary.
- Staff receive training on end of life care. The registered manager told us the care team have provided training to staff as well.

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 this inspection this key question was rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were effective management systems in place to promote person-centred care and to monitor the quality of service provision. The registered manager understood their Duty of Candour, to be open and honest when things went wrong.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.
- People and their relatives spoke positively about the service. Comments we received reflected this and included, "The manager, the deputy and the staff want to provide good quality care," and "The manager and staff are really helpful, they listen to our comments and so far have responded appropriately to them." They said there was an open and transparent culture at the service that met the needs of the people they supported.

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

- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- The registered manager told us they were focussed on delivering an effective service that met people's needs in a caring and person-centred way.
- Staff were well supported with good training and one to one supervision.
- Management monitoring tools included systems to review incidents and accidents which helped to ensure action was taken to prevent a recurrence.

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

- Staff regularly spoke with people to ensure they were happy with the service they received.
- Feedback questionnaires were sent out to people who used services and the registered manager told us this would be extended to their relatives and to staff. They said [as the service only opened in October 2018] the 2019 survey questionnaires were only recently sent out. However, we saw some positive feedback that was already returned. Comments included, "I am happy here, I like it", "It's a very nice place, I like my bedroom, the staff are good to me and the food is nice too", and "Everything here is ok, no changes are needed".
- People received a service from staff who were happy in their work and told us so. They said they worked in

an open and friendly culture. One staff member told us, "I enjoy my work here. We get good support from our managers and it is a friendly supportive team."

Continuous learning and improving care

- Staff team meetings evidenced staff were provided opportunities to build a united team approach and to discuss their work. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies.
- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. The registered manager worked alongside staff to monitor their practice.
- Staff recorded accidents and incidents, which were reviewed daily by the management team and provider so that improvements could be made where needed.
- The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.

Working in partnership with others

- The registered manager and staff worked effectively with the wider multi-disciplinary team of health professionals to improve the outcomes for people. This was confirmed by the health and social care professionals we spoke with.