

Halton Borough Council

St Patricks Care Home

Inspection report

Crow Wood Lane
Widnes
Cheshire
WA8 3PN

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Patricks Care Home is a care home providing personal and nursing care for up to 40 people. The service provides support to older people and people who are living with Dementia in one adapted building. At the time of our inspection there were 38 people using the service.

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

Infection prevention and control procedures were not effectively managed. Unclean areas of the home were observed across both days of the inspection and we found PPE was not stored in a way that prevented cross contamination.

Not all risks were assessed and monitored which placed people at potential risk of harm. Risk assessments were not always completed in a timely manner and records did not always show that risk was effectively monitored. Medication administration records did not always evidence that people received their medicines as prescribed.

Governance processes were not always effective at improving the quality and safety of the service. Auditing tools were in place. However, they did not identify all concerns found during the inspection in relation to risk assessments and care plans. When concerns were identified, there was not always a clear timescale of when these would be actioned.

There was a system in place to record and analyse incidents. However, we found that not all individual incidents were effectively analysed. We have made a recommendation about the analysis of incidents.

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. However, we identified that mental capacity assessments were not always completed in a timely manner. We have made a recommendation about the completion of mental capacity assessments.

Staff were safely recruited following the completion of appropriate pre-employment checks. There were enough staff to support people safely. The registered manager had ensured safe staffing levels by using agency staff when needed.

A safeguarding policy was in place and concerns were shared with the local authority when required. People told us they felt safe in the care of staff and relatives were also assured that their loved ones were safe living at the home.

People and relatives told us that staff were experienced and knowledgeable about their roles. When people's needs changed, the provider was extremely responsive and appropriate referrals to other agencies were made in a timely manner. People achieved positive health outcomes because the engagement with

health professionals was effective.

People were positive about the food. Independence with food and drink was promoted through the use of adapted cutlery and plates.

People made everyday choices in relation to their care and treatment. People provided positive feedback in relation to staff respecting their views. A person told us, "Staff listen to what we say." People were treated with dignity and respect. Our observations found that staff were caring in their approach.

An effective system was in place to ensure complaints were managed in an open and transparent way.

Staff told us that managers were approachable and there was a positive staff culture.

Relatives told us they were happy with the care their family members received and they were kept up to date about important changes in people's physical health.

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 18 November 2019 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 17 April 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can see what action we have asked the provider to take at the end of this full report.

The registered manager and provider have been responsive to the feedback provided during the inspection and has implemented changes to improve the quality and safety of the service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Patricks 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 2 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 Patricks Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. St Patricks 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 6 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 9 members of staff including the registered manager, nurses, care staff, domestic staff and the person responsible for maintenance. We spoke with 4 people and 4 relatives about the experiences of care they or their loved ones received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including 5 people's care records and multiple medication administration records. We also reviewed a variety of records relating to the management and governance of the service.

We reviewed evidence that was sent to us remotely as well as seeking clarification from the provider and registered manager to validate evidence found. We looked at audit and governance data, as well as policies and procedures. We also reviewed 2 staff personnel files in relation to recruitment remotely.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Infection prevention and control procedures were not effectively managed.
- Unclean areas of the home were observed across both days of the inspection. This included unclean floors and walls.
- We were not assured that the agency staff on duty responsible for the cleanliness of the home had received appropriate training to be able to complete their role effectively.
- PPE was not stored in a way that prevented cross contamination. This increased the risk of infection transmission.
- People, relatives and staff shared their concerns about the cleanliness of the home. One relative told us, "Sometimes it's not clean, [Person's] room isn't clean, I bring in antibacterial wipes when I visit to give the room a wipe. I haven't really got confidence in the cleaning."

Systems had not been sufficiently established to ensure good oversight of infection prevention and control. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately following the inspection and gave assurances that improvements would be made to promote better infection prevention and control practices. The registered manager enrolled staff on relevant training courses.

- There were no restrictions on relatives visiting their loved ones. We observed many visits taking place during the inspection.

Assessing risk, safety monitoring and management; Using medicines safely

- Not all risks were assessed and monitored which placed people at potential risk of harm.
- Risk assessments were not always completed in a timely manner. For example, a person who had experienced falls did not have a falls risk assessment in place despite living at the home for several weeks.
- Records did not always show that risk was monitored. For example, a person who was at risk of weight loss did not have their weight consistently taken. This meant that any changes to the level of risk would not be identified to allow for additional action to be taken to reduce the risk of harm.
- Medication administration records did not always evidence that people received their medicines as prescribed. For example, there was no time of administration recorded for people who required regular paracetamol to ensure the four-hour gap was observed. This placed people at risk of an overdose of this

medicine.

- When people required prescribed thickener to change the consistency of their fluids, this was not always recorded. We could not be sure that all fluids were thickened to the right consistency.

We found no evidence that people had been harmed however, there was a failure to robustly monitor risks relating to the health, safety and welfare of people and medicines were not always managed safely. This was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to the concerns we shared and made immediate improvements to risk assessments and medicines management.

Learning lessons when things go wrong

- There was a system in place to record and analyse incidents.
- The provider understood the need to look for themes and trends and discussions took place each month in relation to this. However, we found that not all individual incidents were effectively analysed. For example, a person experienced a fall and the analysis failed to identify that no care plan was in place to guide staff supporting the person on a one to one basis.

We recommend the provider reviews their system for analysing incidents to ensure appropriate action is taken to protect people from the risk of harm.

Staffing and recruitment

- Staff were safely recruited following the completion of appropriate pre-employment checks.
- There were enough staff to support people safely. The registered manager had ensured safe staffing levels by using agency staff when needed. However, the provider did not always have effective oversight of agency staff to ensure they were competent and appropriate for the role. The registered manager acted upon our feedback and immediately improved their systems for assessing agency staff suitability.
- Staff were visible around the home and readily available to support people when needed. We observed staff supporting people with essential care tasks, such as assistance with eating and drinking, as well as spending time in conversation with people.

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

- A safeguarding policy was in place and concerns were shared with the local authority when required.
- Staff were aware of their safeguarding responsibilities to ensure people were protected from potential harm.
- People told us they felt safe in the care of staff and relatives were also assured that their loved ones were safe living at the home. A person told us, "Yes I feel safe because of the staff. If anything was wrong, I could tell the staff."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care and treatment was mostly gained in line with the principles of the MCA. However, we identified that mental capacity assessments were not always completed in a timely manner.

We recommend the provider reviews their systems for assessing mental capacity to ensure these are completed in a timely manner.

- DoLS were applied for appropriately to keep people safe from harm.
- People had access to advocacy services to ensure their rights were respected.

Staff support: induction, training, skills and experience

- Staff were mostly up to date with training the provider considered mandatory for the role. Where there were gaps, we saw that this had already been identified by the provider's monitoring systems and plans were in place to schedule training.
- People and relatives told us that staff were experienced and knowledgeable about their roles.
- The provider was honest and told us they were not fully up to date with staff supervisions. A plan was in place to address this. Staff told us they felt supported and felt they could approach the management team whenever they needed to.

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

- People's care plans gave staff information about their individual needs relating to food and drink.
- People were positive about the food. Comments included, "I am a very picky eater. I get whatever I want. There is an alternative. I like the Sunday dinner here" and "They know what I like. They got me an egg sandwich because they know I like them."
- Our observations found that staff assisted people when required. Independence with food and drink was promoted through the use of adapted cutlery and plates.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs and choices were assessed to make sure the service was able to meet them and support people effectively.
- The home had made some attempt at adapting the environment for people living with dementia such as colourful signage to support people to identify the different areas of the home.

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

- Staff checked on people's well-being and told us what they would do if they had any concerns about people's health.
- When people's needs changed, the provider was extremely responsive and appropriate referrals to other agencies were made in a timely manner.
- People told us that GP's and other health professionals were contacted when needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People got to make everyday choices in relation to their care and treatment.
- People provided positive feedback in relation to staff respecting their views. A person told us, "Staff listen to what we say."
- Most people and relatives told us they had been involved in the development of care plans.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- People and relatives were positive about the care and support their loved ones received. Comments included, "The care here is excellent. She is very well looked after" and "very caring and respectful staff."
- Our observations found that staff were caring in their approach and they interacted with people in a very considerate and respectful manner. We saw a staff member covering a person's bare legs with a blanket to ensure their dignity and observed staff ensuring people's privacy was maintained during the completion of personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Not all care plans contained sufficient information to guide staff on people's current care, treatment and support needs.
- Some care plans lacked person specific information and contained inconsistent information. For example, care plans were not always in place to guide staff on the management of specific health conditions such as diabetes. In addition, there was no care plan in place for a person's one to one support needs.
- Care plans were regularly reviewed. However, they had not always been updated to reflect people's changing needs.

The failure to ensure people's health, care and support needs were consistently assessed, planned for and reviewed is an additional breach of Regulation 12 which is discussed in the safe section of our report.

End of life care and support

- Care files contained information regarding advanced care planning. However, not all plans were sufficiently detailed. The provider had identified this and actions to improve the detail were included in the provider's improvement plans.

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

- Staff made sure that people maintained relationships that mattered to them and this helped to protect them from the risk of social isolation and loneliness.
- People had opportunities to take part in activities. An activities programme was in place and there were dedicated staff to provide social activities for people.
- During the inspection, we observed a person contributing to the design of the remembrance Sunday display.

Improving care quality in response to complaints or concerns

- An effective system was in place to ensure complaints were managed in an open and transparent way.
- The complaints policy was displayed in the home and people and relatives felt confident that if they complained, they would be taken seriously.

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.

- The provider understood the need for information to be made available to people in an accessible format.
- People's communication needs were identified in their care plans and people had access to visual and auditory aids when needed.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance processes were not always effective at improving the quality and safety of the service.
- Care plans contained contradictory and missing information and improvement was required to ensure they fully reflected people's physical, mental, emotional and social needs and mitigated risks to people's health and safety.
- There was a lack of manager oversight of care records to ensure relevant regulations were met.
 - Auditing tools were in place. However, they did not identify all concerns found during the inspection in relation to risk assessments and care plans.
- When concerns were identified, there was not always a clear timescale of when these would be actioned. We found that concerns previously identified with medicines management and infection control practices had not been acted upon and therefore the risk had been allowed to continue.

The failure to effectively monitor and improve the quality and safety of the service is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection and made immediate improvements to their governance systems to improve the safety of the service.

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

- Staff told us that managers were approachable and there was a positive staff culture.
- Learning was shared during regular registered manager meetings to ensure best practice was adopted at all of the provider's locations.

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

- Relatives told us they were happy with the care their family members received and they were kept up to date about important changes in people's physical health.
- People achieved positive health outcomes because the engagement with health professionals was effective.

- Processes were in place to gather feedback from people and relatives and we saw that some improvements were made as a result of people's feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems had not been sufficiently established to ensure good oversight of infection prevention and control. There was a failure to robustly monitor risks relating to the health, safety and welfare of people. Medicines were not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure records regarding people's assessed needs were accurate and well maintained. The provider failed to effectively monitor and improve the quality and safety of the service.