

# St Helens And Knowsley Caring Association St Bartholomews Court Nursing Home

## Inspection report

Woodfield Road  
Huyton  
Liverpool  
Merseyside  
L36 4PJ

Tel: 01514805505

Date of inspection visit:

21 June 2018

25 June 2018

19 July 2018

Date of publication:

19 September 2018

## 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

St Bartholomews Court Nursing Home is a care home providing nursing care and support. The service is made up of two units. One unit provides nursing and personal care to people who live at the service. The second unit provides intermediate and rehabilitation for people being discharged from hospital or to prevent people being admitted to hospital. All bedrooms are situated on the ground floor of the building. The service can support up to 51 people. At the time of this inspection 46 people were using the service.

At our last inspection in December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

Feedback provided from people included "I feel safe because there are plenty of staff around all of the time", "The [staff] are lovely and you would think they had known me all my life" and "[Staff] are fantastic, very helpful, caring and friendly." Family members also spoke positively about the service. Their comments included "My mum eats well and enjoys her food. She can eat herself but is always encouraged as she loses interest", "My relative is supported with meals and this is done in a patient manner" and "My relative's life has been enhanced since moving to the home, she loves the company and all the staff."

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

Procedures were in place to protect people from abuse and staff had a good understanding of these procedures. People's medicines were safely managed to ensure that they received their medicines when they should.

Safe recruitment procedures remained in place to help ensure that only people suitable for the role were employed to deliver care and support to people.

People were supported by a staff team who received regular training for their role.

People's dietary needs were met and people told us they enjoyed the meals that were provided. Local health care professionals were accessible to people when needed. People using the short term reablement service had access to health care professionals to plan and support with their recovery.

People told us they felt cared for, and that they were able to make choices about where they went around

the service, the times they got up and went to bed and the meals they ate.

Individual care plans gave the opportunity to assess people's needs and plan how their care was to be delivered. Specific care plans were available for use for people who were in receipt of end of life care. People had access to activities within the service to offer mental stimulation. A complaints procedure was in place which people and their family members had access to. People and their family members were asked for their views on the service.

Policies and procedures were in place to promote safe, effective care and support to people. Multi-agency working took place with the local Clinical Commissioning Group and hospital to ensure that people in receipt of short term reablement support had their needs met. Regular audits were carried out to ensure that people were in receipt of safe and effective care and support.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# St Bartholomews Court Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21, 25 June and 19 July 2018 and the first day was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. An Expert by Experience has personal experience of using or caring for someone who uses a health and social care service.

Prior to the inspection we reviewed the information that we had received from the registered provider which included statutory notifications, safeguarding alerts and information from other agencies.

During the inspection we spoke and spent time with 25 people who used the service, 10 staff, a GP and the registered manager. In addition, we spoke with seven visiting family members.

We looked at records relating to people's care and support needs, medicines records and people's care plans. In addition, we looked at records maintained in relation to the management of the service and policies and procedures.

Prior to the inspection the registered manager had completed a provider information return (PIR). This document gave the service the opportunity to tell us what they do well, areas of planned improvement and the services plans for the future.

We spoke to the local authority commissioning team who had recently carried out a review of the service. They had not identified any concerns and provided positive feedback about the service. In addition, we

spoke with Knowsley Healthwatch who told us that they had no recent information relating to the service.

# Is the service safe?

## Our findings

People and their family members told us they felt safe at the service. Their comments included "I feel safe because there are plenty of staff around all of the time" and "I feel safe to walk with my zimmer when the girls are with me, I do not walk on my own." A family member told us "My relative is safe. They are getting medication at the correct time which was an issue at home. I can go home and relax at night."

Policies and procedures in relation to safeguarding people continued to be in place and accessible to all staff both in paper and electronic form. Staff demonstrated a good awareness of what actions they needed to take in the event of witnessing or being made aware of any abusive situations. Training records demonstrated that all staff had undertaken safeguarding awareness training.

Identified risks to people were assessed and where possible, minimised. Risk assessments in place included moving and handling, falls, nutrition and skin integrity. Information from these risk assessments contributed to the planning of people's care. All risk assessments were reviewed and where required updated on a regular basis to ensure they remained relevant and effective in minimising risk to people. Accidents and incidents were recorded and investigated to minimise the risk of the incident re-occurring.

We found that sufficient staff were on duty to meet people's needs. The majority of people felt there were sufficient staff available to meet their needs and that call bells were answered promptly. Most family members also thought there were adequate staffing levels when they visited. One family member told us, "I have been here when my relative has pushed the call bell and they responded very quickly. I was very impressed." Another told us that they felt there were sufficient staff during the day but more were needed between 6pm and 8pm. We discussed this feedback with the registered manager who told us that following recent observations, a further member of staff was being made available to assist during busier times within the service.

Safe recruitment procedures remained in place. Newly recruited staff had been subject to criminal records checks prior to starting their employment. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers make safer recruitment decisions and prevent unsuitable staff being employed.

People continued to receive their medicines safely. Identified staff ensured that people's medicines were consistently available to be administered. We looked at a random sampling of people's medicines and administration records, both paper and electronic, and found them to be correct. Medicines were stored safely and within the correct temperature.

Handy persons were employed to carry out regular checks and maintenance around the building to provide a safe environment for people. We identified an area of improvement in relation to the monitoring of hot water temperatures. We discussed this with a handyperson and the registered manager who took immediate action to rectify the issue. In addition, we identified that a number of bushes had grown close to people's bedroom windows. Again, this was rectified quickly by the gardeners.

## Is the service effective?

### Our findings

Family members spoke positively about the staff who supported their relatives. Their comments included, "There seems to always be training going on for something, so it appears they are well trained" and "I'm here when my relative is hoisted and it is spot on. They move her extremely efficiently."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager continued to demonstrate a clear understanding of the MCA and the system for DoLS applications. The electronic care planning system gave the facility to record and monitor DoLS in place for people so reviews could be planned as required.

There was a continued emphasis on the importance of people eating and drinking well. People told us the food was very good. Their comments included "You always get a good choice of food and I have problems with chewing so they mush it up for me", "There is always a choice of two meals. If I don't like what's on offer they will make something else" and "I am fussy with my food so very often I do not like the choices. The chef prepares me something different to try and encourage me to eat." The head chef continued to be involved in planning people's meals in relation to their specific health needs and in ensuring that meals were served, when required to a specific consistency.

Family members told us that food served to their relatives was very good with excellent choices, and appropriate support was given by staff. They told us "My mum eats well and enjoys her food. She can eat herself but is always encouraged as she loses interest", "My relative is supported with meals and this is done in a patient manner" and "My relative has got certain allergies but a card is placed in front of them at mealtimes to always remind staff. This is excellent."

People's care and support continued to be delivered by staff who received regular training and supervision for their role. Staff told us and records demonstrated that staff had undertaken training which included manual handling, safeguarding, dementia care, infection control and health and safety. Specific training was also in place for qualified nurses working within the service, for example, syringe driver and the Gold Standards Framework in relation to end of life care.

People living at the service told us their medical needs were met and when required a GP would be called for a consultation. In addition, records showed that people had access to speech and language services and other community health care professionals when needed. People using the service for reablement continued to have access to a multi-disciplinary health care team to support their recovery. For example, physiotherapist, dietician, speech and language therapist and occupational therapists. A GP was available five days a week to assess the needs of people prior to receiving the reablement service and to monitor and support people's progress.



# Is the service caring?

## Our findings

People and their family members spoke positively about the staff who supported them. Their comments included "The [staff] are lovely and you would think they had known me all my life" and "[Staff] are fantastic, very helpful, caring and friendly."

Family members told us, "The [staff] are kind and patient and have a laugh which is just as important", "[Staff] have given my relative picture cards because she cannot always express herself verbally. This is fantastic because she does not get as frustrated" and "Two staff always hoist my relative and this is always done effectively but also kindly."

People told us that they made their own choices about when they got up and went to bed, where they spent their time around the service and in what they wanted to eat at mealtimes. In addition, they told us they were asked if they had a preference to staff of a specific gender when receiving personal care. The choice of gender of the GP was also offered to people in receipt of reablement care.

Staff supported people in a manner that promoted their independence. We saw throughout the inspection staff encouraging people to be as independent and self managing as possible. One person told us "The [staff] have always helped me wash and dress. Today they watched whilst I washed myself. They are trying to get me back to being more independent. I was really pleased that I did so well." Another person told us that staff encouraged them to do what they could for themselves, then 'stepped in' and helped. They told us they preferred a female member of staff which they always had.

Family members told us they were made welcome and that there were no restrictions on when they could visit. Their comments included "I don't just get offered a cup of tea, I am given lunch everyday if I am here at mealtimes." They told us that they felt included in their relatives care and were always kept informed if their relative had become ill or had a fall.

People were supported to maintain their faith and religion by the support of local church representatives who visited the service on a regular basis.

Procedures were in place to ensure that personal information and records relating to people using the service and staff were stored appropriately. Lockable filing cabinets were available for the safe storage of paper records. Electronic records were password protected which ensured that they were only accessible to staff requiring the information.

A display of information, guidance and advice was available in the entrance of the service. This included information for people and their family members in relation to infection control, the prevention of pressure sores, safeguarding people and activities taking place within the service. People and their family members were seen to check the information boards for updates when they were passing.



## Is the service responsive?

### Our findings

People told us positive things about life at the service. Their comments included "I have a good quality life because I am well looked after" and "It's the best you can get and I have a laugh with the staff". A family member told us "My relatives life has been enhanced since moving to the home, she loves the company and all the staff."

The service continued to use an electronic care planning and information system to assess, plan and record the delivery of people's care. Each person had their own care plan which detailed their needs and wishes. Where required, specific care plans had been developed for particular areas of people's day to day care and support. For example, personal care, ability to make decisions and consent, mobility, physical, psychological and neurological care. Where needed, for people requiring positive behavioural support, any identified 'triggers' for the individual were recorded. This information helped staff support people in a manner that minimised the risk of the person needing further support or becoming upset. People's care plans were reviewed on a regular basis to help ensure they contained up to date information.

People told us that they were involved in decision making around their care. Others told us that their family members dealt with any decisions on their behalf.

Specific care plans were available for use for people who were in receipt of end of life care. These plans helped ensure that people received the support they wished for. The service had been awarded The Gold Standards Framework platinum award for their end of life care in place. Since our last inspection a 'relatives room' had been developed. The room was comfortably furnished and provided a quiet place for people and their family members to sit and have personal time together.

Staff arranged and delivered stimulating activities for people. People told us that it was their choice to participate in these activities. People told us "I only take part if there is an artist singing or playing an instrument, otherwise I am not interested in the activities" and "There are activities but I am not interested. I stay in my room most of the time." During the inspection a Dementia Awareness' tea party was taking place. This involved people and their family members getting together to have tea and cake whilst having a sing song, which was enjoyed by all. In addition to daytime activities, themed nights and celebrations were arranged throughout the year.

A robust complaints procedure continued to be in place. A clear system was in place for the registered manager to receive, investigate and monitor any complaints or concerns received. People and their family members all knew who to speak to if they were unhappy about the service. Copies of the services complaints procedure was readily available within the service.

## Is the service well-led?

### Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager continued to oversee the service provided to people residing at the service and people in receipt of short term reablement care. Throughout our discussions, the registered manager demonstrated a thorough knowledge of the legislation in place to provide safe, effective care to people using both services.

Staff spoke positively about the support they received from the registered manager. They told us that they were supportive, knowledgeable and always available to offer advice. Staff told us they enjoyed working at the service as it was well managed and resourced.

Regular internal audits took place to ensure the service remained safe for people and that any improvements needed were identified and addressed. These audits included the environment, medicines management and infection control. Audits in relation to people's care planning documents, complaints and identified risk to people could be generated at any time by the registered manager from the electronic care planning and records system for review. An external audit was carried out annually by North West Boroughs Health Care NHS Foundation Trust. This audit relates to the provision of reablement care within the service.

Policies and procedures remained in place to offer best practice guidance and advice to staff in relation to their role. In addition, reference information was available to further support safe care and practice. For example, we saw guidance information from the National Institute for Health and Care Excellence (NICE) and the Care Quality Commission was accessible to staff. In addition, guidance from the manufacturers of equipment and medical dressings in use was also available to inform staff of their appropriate use.

To promote the safe effective running of the service, the registered manager worked closely with other health care partners within Knowlsey. These agencies were also involved in the provision of the reablement service offered at St Bartholomews, and included the Clinical Commissioning Group, local hospitals and community health care professionals. This partnership involved the registered manager continually monitoring the quality of care and support people received and completing regular reports to the partner agencies.

The service continued to seek the views of people and their relatives on an informal basis and through the care plan reviewing process. In addition, a questionnaire survey was regularly circulated to gather people's views and suggestions about the service. Once the results from the survey had been collated, the registered manager provided written feedback to people and their family members. The most recent feedback was dated Spring 2018 and demonstrated a minimum of 98% positive feedback in all areas.

The registered manager continued to notify the Care Quality Commission of key events within the service as they were required to do. The rating from the previous inspection was clearly displayed within the service.