Avery Homes (Nelson) Limited

St. Giles Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
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

This inspection was unannounced and took place on 13 July 2017. St. Giles Nursing Home provides accommodation and nursing care for up to 66 people. The service is provided over three floors of a purpose build building. This was the first inspection of St Giles Nursing Home since the provider was changed in December 2016.

There was a registered manager in post at the time of this inspection. 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.

At this inspection we found that the provider had made a number of improvements in respect of décor and furnishings in the home and most people were happy with the service they received. However, there were some people who felt that the service could be improved because staff did not have time to spend quality time with them. Some relatives felt that the service was not always responsive to people's needs in terms of a timely response. We saw that improvements could be made to the management of medicines and some aspects of the monitoring of the service such as audits of pressure relieving equipment.

People were kept safe from harm because they were supported by sufficient numbers of staff to keep them safe. Staff that supported people had been appropriately checked for their suitability to provide care to people who required it. Staff received training and support to equip them to carry out their roles in a safe, caring, helpful and kind way. Staff ensured that people's privacy and dignity were promoted and respect was maintained. Staff supported people to remain as independent as possible.

People were protected from abuse and avoidable harm because staff had received training and understood the different types of abuse and knew how to escalate any concerns that needed to be investigated. The registered manager ensured concerns were raised with the local authority when people living in the home had received poor care by other providers. Effective systems were in place to ensure that concerns and complaints raised by people were investigated and people were responded to.

Staff had the knowledge and skills they required to care for people appropriately and had knowledge about the Mental Capacity Act 2005; staff ensured that people's rights to consent to their care were upheld. Where people lacked the capacity to consent to their care, appropriate actions were taken to provide care to people within their best interests and in the least restrictive ways possible to safeguard their human rights.

People were supported to eat and drink sufficient amounts of food and drink to remain healthy. Food was prepared in ways that kept them safe from choking and people were given choices at all meal times. People received support from health professionals where required. People's health needs were met by a variety of health professionals that visited the home or by attending appointments at local hospitals.

People were asked for their feedback on the service through a variety of ways that included meetings, surveys and complaints and compliments.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm because staff had the knowledge and skills to protect them and raise concerns if needed. Risks associated with people's needs were identified and plans put in place to minimise the risks.

People were kept safe because there were sufficient numbers of suitably recruited staff available.

People were supported to receive their oral medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff that were supported to carry out their roles effectively through training, guidance and support.

People were supported to give consent to care where possible and their human rights protected if they were not able to give consent.

People received food and drink that was prepared in a way that met their dietary needs.

People were supported to have their medical needs met appropriately.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and kind, that supported them to be involved in their care, maintained their privacy and dignity and supported them to remain as independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.
Most people in the home were happy with their care but some people felt the service could be more responsive because staff did not always have the flexibility to spend time with them and respond to their needs quickly and respond to them in a way that met their needs.

Some people were happy with the activities that were being organised for people to be involved in.

People were able to express their views about the service through the complaints procedure, meetings and regular surveys.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems were in place to monitor the quality of the service but issues were not always identified and actions taken to ensure improvements were made and maintained.

There was a registered manager in post who was developing an open and inclusive environment where staff were encouraged to develop their skills and knowledge.

Improvements had been made to the service people received and there was a refurbishment programme in place.

Care Quality Commission

St. Giles 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 checked 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 13 July 2017 and was unannounced.

The inspection was carried out by two inspectors, one of who was a pharmacist inspector; a specialist professional advisor and two experts by experience. A specialist professional advisor is someone who has a specialist knowledge area. The specialist professional advisor on this inspection was someone who had an expertise was in the management of skin damage. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we had received some concerns about the management of the home and a high staff turnover. The provider had investigated these concerns and found that they were unfounded and from disgruntled staff. There were also two concerns that had not been concluded at the time of our inspection about some aspects of the care provided at the home. One of these was being looked into by one of our partner agencies. Whilst these concerns were considered this inspection was not as a direct consequence of the concerns. This inspection was carried out as part of our planned inspection programme.

As part of the inspection we looked at all the evidence we held about the service prior to visiting the home. This included notifications form the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also considered any concerns we had received from staff and people that used the service to plan our inspection. We also requested feedback from other professionals involved with the service including the local authority and clinical commissioning group.

During our inspection we spoke with 17 people that lived at the home, eight relatives, and seven members of staff including the registered manager, nurses, and care staff. We carried out general observations and 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 to us. We also reviewed the care records of three people, to see

how their care was planned and looked at the medicine administration processes. We looked at training records for all staff and records which supported the provider to monitor the quality and management of the service, including health and safety audits and compliments and complaints.

Good

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe in the home and with the staff that supported them. One person told us, "Yes I'm safe. All staff go the extra mile when they move me or help me." Another person told us, "Yes, I feel very safe here." A third person said, "They are very good to me here, I feel very safe. I want you to make a large note of that."

People were protected from the risk of abuse and avoidable harm because staff were knowledgeable about the signs and symptoms of abuse, were aware of what actions they should take if they had any concerns and felt confident that they would be listened to. Information we held about the service showed that staff knew how to raise concerns externally if they had any concerns about the service. We saw that the registered manager had raised concerns with the relevant authorities when people had been harmed whilst receiving a service elsewhere.

We saw that risks associated with people's care were identified- and plans were put in place to manage them. One person told us, "I have help to stand and sit down. They [staff] are always there." During our inspection we saw that people were supported to move safely with the use of equipment such as hoists, walking frames and wheelchairs. We saw that the risk of people developing skin damage had been assessed and plans had been put in place and action had been taken to manage these risks. For example, we saw that people had been provided with pressure relieving equipment such as cushions and mattresses to reduce the pressure on specific parts of their body. We saw that where necessary systems had been put in place to support people to be repositioned at specific intervals of time to minimise the risk of skin damage. Staff were completing these but not always consistently to show that the repositioning had taken place.

People generally felt there were sufficient staff to meet their needs but on occasions staff were stretched and busy. Some relatives also felt that there were times when there was not enough staff. One relative said, "Enough staff? They could do with more, to chat with them [people]." A staff member told us that there were usually enough members of staff available and told us, "Some days we could do with more staff. It is when someone is off ill; we then do ring other staff on our rota to see if they are available to work. But things seem to be getting better now and we are having new staff start." During our inspection we saw that the call bells were answered quickly and staff were accessible to people. The registered manager told us that they had assessed the required number of staff depending on people's needs and felt that they had the appropriate numbers of staff on duty to meet people's needs. Staff spoken with told us that before they started to work in the home the appropriate employment checks were undertaken. These included work references and Disclosure and Barring Service (DBS) checks. DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable people.

Before our inspection we had received some concerns about the level of staff turnover. During our inspection one person we spoke with told us that the staffing team seemed unstable. They said, "Some of the staff have been here a long time but some are new; some of the new staff don't seem to stay very long; I wished there was more permanent staff". In response to these concerns the provider was able to show us

the reasons for this turnover of staff. Reasons identified included: not passing probation, dismissal, career progression and moving to alternative care providers. The registered manager told us that they currently had more staff on duty and that they had a recently recruited to a full complement of staff availability. This meant there was less reliance on agency staff and greater stability would be provided.

People told us that they received their medicines as prescribed. One person said, "I have [medicines] morning, lunchtime and evening. Never a problem." Another person said, "I get it [medicine] regular. Yes, I can get painkillers if I want. They [staff] ask me if I want Paracetamol." However, two relatives spoken with told us that they were not happy in the way the medicines were being administered. For example, one relative felt that their loved one was not always receiving medicines to ensure that their blood sugar levels remained stable. However, when we looked at the person's records we saw that the person's blood sugar levels were stable indicating they had received their medicines as prescribed.

We looked at how medicines were managed, which included checking the Medicine Administration Record (MAR) charts for 15 people, speaking to staff and observing a medication administration round. We found on the whole people's oral medicines were being administered as prescribed but there were some issues with how medicines were recorded .

Good

Is the service effective?

Our findings

People told us that they received care and support that met their needs. One person told us, "I get my meals, medicines and room cleaned. I'm as happy as a pig in mud." Another person told us, "I find the staff very good here they did discuss my plans with me and what my needs were. I was happy with that." A third person said, "I find them really good here the staff seem confident in what they are doing. I have no complaints; the nurses are very, very helpful." A fourth person said, "The staff definitely know what they are doing. I'm happy with how they look after me. I can only say they are always ready to help me, which they do a lot." Staff spoken with were knowledgeable about people's needs. The interactions we observed were supportive and involved people in their care. For example, whilst supporting one person to move with the use of a hoist we saw staff speak with the person throughout the process and explain to them where to place their feet and where to hold on to for reassurance.

People told us they felt the staff were trained. One person said, "They all seem very well trained in what they do. I get looked after well." Another person told us that staff were trained and they saw that some new staff shadowed established staff to learn the job. Staff told us that they felt supported through training, supervisions, meetings and support from the managers to carry out their roles. One member of staff told us that they felt the training was thorough and they had received induction training even though they had worked in the same type of work previously. Staff also told us that they had recently undertaken refresher training to ensure that they kept their knowledge and skills up to date. Information provided by the registered manager showed us that there was a training programme in place for staff to complete and that the majority of staff had completed the training identified by the provider. The provider told us that there was specific training available to nurses regarding wound care and other nursing specific tasks. The provider told us that the registration of nurses with the appropriate authorities was checked to ensure they were registered to practice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

People told us care staff gave them choices about the care they received. and encouraged them to provide consent. One person told us, "Oh yes they [staff] always ask before doing anything to me." We saw care staff asked people for their permission and sought their consent before they provided support. Staff spoken with had an understanding of the MCA and knew to refer any concerns to the registered manager. We saw that the provider followed the appropriate processes for decisions to be made in people's best interests where required and care was provided in the least restrictive way as possible. For example, a staff member was

aware of one person who was not able to make decisions for themselves. The staff member told us that they would make informed decisions for the person based on the knowledge that the person disliked socialising with others, didn't have a preference for male or female carers and liked to be reminded of certain television programmes so that they could watch them. The staff told us that the person's family visited regularly and they could be consulted about any decisions being made on behalf of the person. We saw that where restrictions to people's liberty were necessary applications had been submitted appropriately to the local authority as required by law.

People received support to eat and drink in a way that met their assessed needs. People told us they enjoyed the food they ate and were given choices about what they ate. One person said, "The food is good here. They [staff] give you a choice, always ask if you want extra portions or even make you a sandwich if you want. We have a three course dinner if we want, it's plentiful. I've never complained; no need to." Another person said, "The food is excellent, always offering drinks; you're looked after here." One visitor told us, "They [the meals] look good and smell good." We saw that where people were at risk of choking, meals were cut up small or pureed and some people had their drinks thickened. We saw that people received support to eat and drink from staff where needed. We saw that where people were unable to take their food through their mouth they were supported to have their food directly into their stomach as liquid feeds. The registered manager told us and we saw that people were weighed weekly if they had been assessed as being at risk of losing weight. We saw that people at risk of losing weight were referred to the dietician and doctor where needed. Meals were fortified to ensure people received additional calories to boost their weight and people had access to food supplements where advised by the doctor and dietician.

People received support from other health and social care professionals when they needed it. One person told us, "The physio [therapist] is very good, I have exercise every day." This was for someone who had been discharged from hospital and admitted to the home for a limited period of time to receive support instead of staying in hospital. Another person told us, "I had a heart attack while I was here. They [staff] responded very quickly. Paramedics came very quickly, thankfully I'm okay." Records we looked at showed that people were supported to have visits from the GP and specialist nurses and were supported to attend follow up appointments for long-term conditions at local hospitals.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind and they felt involved in making decisions about their care. One person told us, "Yes, I find them [staff] very caring; they help me when I need it. I'm happy here." Another person said, "Staff are excellent really I have been here for two years. They make sure I'm comfortable, they are very thoughtful." A relative told us, "We did discuss the care needs plan for mom and found the management very good." Staff spoke about people as individuals and in a kind and caring way.

Some people living at St Giles were reaching the end of their lives. One relative whose loved one had passed away recently told us, "Brilliant care. I was able to stay as long as I wanted. I was able to continue being involved in feeding mum. [Registered manager] is lovely." People told us they felt comfortable with the staff. One person said, "Caring – very much so we are all on first name terms."

People told us that staff were careful about their [people's] privacy and dignity. One person told us, "They [staff] shower me and yes they do respect your privacy. They are gentle when changing me, they have to be I would tell them [otherwise]" Another person told us, "They [staff] close the door [during personal care]". Staff spoken with told us they ensured people's privacy and dignity by addressing people by their preferred names, giving people choices and helping people to look nice. We saw that people were dressed in the clothes they liked to wear and that reflected their individuality. People told us and records showed that people were asked if they had any preferences in respect of whether they were supported by a male or female member of staff.

People were supported to be as independent as possible. We saw that people were supported to be able to eat and drink as independently as possible because they were provided with the cups and beakers with the appropriate handles. We saw that some people were supported to take their own medicines. People were supported to sit where they wanted and move around the home with the use of equipment such as wheelchairs and walking frames. One person told us that they were able to go and sit on a different floor of the building and other people told us they were supported to go out to the shops and garden when the weather was good. One person told us, "I put my-self to bed when I feel tired, there is no set time here." Another person said, "There's no special time to go to bed and get up. It's up to us".

Requires Improvement

Is the service responsive?

Our findings

During our inspection we found that the people living on two floors of the home were happy with the care they received and found that in general the service was responsive to their needs. However, on the other floor some people and their relatives were not always happy that the service was responsive to people's individual needs and preferences. For example, one person told us that they preferred to spend time in one of the lounges on a different floor to where their bedroom was situated because it was 'nicer and there was 'more to do'. They went on to say, "Otherwise, I'd spend all of my time in bed." Another person told us that they enjoyed going to the shops with staff but other than that, "In here it's the same routine every day."

Some people we spoke with and records we looked at showed that staff had spoken with people or their representatives about their care. One person told us, "I was involved with my care plan; it was really made together with the notes from the hospital together with my required medication. " Another person told us, "My son and daughter in law were involved with my plan." However, some relatives spoken with were not always happy that the care provided responded to people's needs. One relative told us that they felt that they had to be in the home every day because they were worried that their loved one would not get the support they required to eat their meals. This concern was sometimes reinforced because records were not always fully completed. For example, on the day of our inspection the person had told their relative they had not eaten any breakfast, nothing was recorded on the food chart yet staff told the relative that the person had eaten porridge. Another relative told us that although their family member had requested a bacon sandwich for breakfast they had been given porridge. Another relative was concerned that staff were unable to understand their loved one's body language and thought that the person putting up their hand meant they were refusing the medicines. During our inspection we saw that when staff brought some medicines into the person the person put their hand up and the staff took it to be an indication that they were refusing their medication. At this point the relative explained to the staff that the person was putting their hand up because they couldn't hear them. When the staff repeated that they had brought the person's medicines the person agreed to the medicines being administered.

We received varied responses from people and relatives we spoke with regards to the responsiveness of staff, including the time in which it took for staff to respond to care bells. Whilst some people told us that staff attended to their 'buzzers' quickly and that they didn't have to wait too long, other people we spoke with were concerned that they did not receive the support they required, when they required it. Whilst we saw that call bells were accessible and responded to quickly, we were told that this was not always the case. A relative told us that the call system was repeatedly not within easy access and as a result they had put instructions on the wall for staff to ensure the buzzer was left in reach. We saw the note on the wall.

We saw that a recently appointed member of staff was organising activities such as plant pot painting for a competition, tea in the garden and trips out for people, and people appeared to enjoy them. However, there were some people who were not happy with the level of staff interaction they received. Although we saw that during the morning of our inspection two people had had their nails painted and four of people were supported by staff to go out of the home, there was little for the other people to do. Some people and their relatives told us that whilst they felt enough staff were available to support them, they also felt that staff

were too busy and did not always have time to chat with them. One person said, "They [staff] seem to have very little time to have a chat." One person told us, "Staff never keep me waiting too long when I call the bell; it does depend on the time of day though. I do feel sometimes they [staff] are rushing around. They [provider] could do with a few more staff."

During our inspection we watched some interactions between staff and the people sitting in a lounge. Whilst we saw some good interactions with some people during a 30 minute period there were some people that received little interaction with staff unless it was whilst carrying out a task. This corroborated the feedback we had received from some of the people and relatives that there was not much happening on that unit for some people. When we raised this with the provider they told us that they disagreed with this as they had seen good interactions at other times of the day.

There were systems in place to gather the views of people about the home. Everyone we spoke with told us they knew how to raise concerns and complaints if they wanted to. One person said, "I would tell the management if there was a problem." One relative told us that they had raised a concern and had received an apology for the incident. Several people told us that they had not had to make a complaint because they had nothing to complain about. We looked at the complaints record and saw that there was evidence that showed that complaints were investigated and that people were informed about the outcome of the investigation. The registered provider ensured that any concerns we had forwarded to them for investigation were investigated and responded to. This showed that people's concerns were listened to and that the provider was working in line with the duty of candour.

Other systems were in place to gather the views of people about the service provided. For example, people and their relatives were sent questionnaires, there were meetings held with people and their relatives to get their views. We also saw that the provider kept a record of compliments that had been received from people who used or had visited the service.

Requires Improvement

Is the service well-led?

Our findings

We saw that there were systems in place to audit the quality of the service provided. We saw that audits were carried out by the registered manager and by regional managers to check on the quality of the service provided and actions for improvement were identified where needed. However, during our inspection we saw that some issues we identified had not been identified through the audits and day to day monitoring of practices in the home. For example, we discussed with the registered manager and provider the management of skin damage. Although there was some disagreement about how a wound was classified we saw that there were photographs but there were no recent measurements to allow monitoring to determine whether the wound was improving or not. This is good practice and would enable easy monitoring of the wounds to be undertaken to determine if the treatment regimes were having the desired effect or if changes were needed to the regimes. We were told that there was a 'resident of the day' scheme in place where on each day one person was identified to have their records checked and updated, their bedroom would be deep cleaned, wardrobes checked and tidied and equipment checked. We saw that this system did not provide effective monitioring of equipment as we saw that some pressure relieving cushions needed to be replaced.

Medication audits were not always effective in ensuring good practices were maintained . Whilst we saw that people generally received their medicines as prescribed and safely we saw that some improvements could be made to the records associated with medicines administration. For example we found that the records of some topical creams did not show that the creams were being applied as prescribed and dose counters on some inhalers did not tally with the records of the number of times the inhalers were administered. We saw a pain relief gel had been prescribed to be applied three times a day but the administration records showed that it was only being applied twice a day. We were told that the person concerned was refusing the application at lunchtime but there was no evidence of this on the administration records.

We looked at three pain relief patch application records and found that one of the three records did not show where the patches had been applied since the 11 June 2017. This meant that the records did not show that the manufacturer's guidelines on rotating these patches around the body were being followed and could result in unnecessary side effects. We found that where people needed to have their medicines administered directly into their stomach through a tube the provider had not ensured that the necessary information was in place to ensure that these medicines were prepared and administered safely. We saw that of three people administering their own medicines only one had a risk assessment in place. We also found that the completed risk assessment focussed only on the person who was self-administering and did not take into account any risks to other people living at the service. .

Prior to our inspection we had received some information that staff did not feel supported, particularly on one floor of the home. The provider had looked into this and had found that the concerns were not substantiated and felt that they were from aggrieved staff. During our inspection we spoke with staff and were told that they felt supported in the home. One member of staff told us, "We can always get support when needed and staff [from other floors] will come to cover breaks."

The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. The registered manager told us that they felt the service was going in the right direction and now had a full complement of good nurses. The provider told us that after a period of staff turnover they were satisfied that they had got the correct staff team in place and felt that some of the recent concerns raised with CQC were a result of disgruntled staff. Staff spoken to during out inspection appeared pleasant and dedicated to their roles. There was a staffing structure that included the registered manager, deputy managers, nurses, advanced care practitioners, senior care staff and care staff. The registered provider told us that staff were encouraged to develop their skills to take further responsibilities through the advanced care practitioner's role. Some staff had taken on specific roles such as activity organisers, trainers and dignity champions. This showed that staff were supported to develop their skills.

We saw that the registered manager was working alongside other professionals in avoiding hospital admissions such as ensuring staff were able to carry out urine dip stick tests, take bloods and provide a hospital to discharge service ensuring people were able to leave hospital as quickly as possible. We received positive feedback from other health professionals involved in the home in respect of the service being provided in the home.

People told us that they felt that a good quality service was provided and the service was well led. Most people spoken with told us they knew who the registered manager was and that they saw her on occasions. One person told us, "I think the home is run very well and the staff know what they are doing. Can't think of anything that could be changed really." Another person said, "Care is excellent and [registered manager] is very good to me." A relative said, "I feel the service is run very well. We have had no problems and are happy with the service mom is receiving." People told us that they felt the registered manager was approachable. Before our inspection we had received some concerns that the registered manager was not available and accessible to staff however, all the staff spoken with during our inspection did not reflect this. One staff member told us, "The manager is very supportive. We can knock on her door; if she is busy she will come and find you. We work well as a team."

We saw that a number of refurbishments had taken place on two floors in the home and we were told that there was a plan for refurbishing the other floor. We saw that the two refurbished floors had been refurbished to a good standard.