Lifeline Nursing Services Limited

St John's Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 27 September 2016. Breaches of three legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

At the last inspection on 27 September 2016 we found that the provider was not meeting the standards of care we expect. This was in relation to the staff being unaware of how to implement the Mental Capacity Act 2005 and the safe storage and administration of medicines. The registered manager had also failed to inform the Care Quality Commission (CQC) of accidents and incidents which had occurred in the home, which they are legally obliged to do.

We undertook this focused inspection on 28 March 2017 to check that they had followed their plan and to confirm they now met the legal requirements. During this inspection on the 28 March 2017 we found the provider had made improvements in the areas we had identified.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for St John's Nursing Home on our website at www.cqc.org.uk.

St John's Nursing Home provides care for people who require personal care. It provides accommodation for up to 37 people. At the time of the inspection there were 35 people living at the home.

There was a registered manager 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.

On the day of our inspection we found that the registered provider had ensured that staff were more aware of how to implement the Mental Capacity Act 2005 and had received further training. Documentation was in place in the care plans we looked at to show people's mental capacity had been tested, if necessary and other parties consulted. The storage of medicines had improved and staff were observed administrating medicines in a safe way. The notifications which the registered manager was required by law to send to us were now being received by CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

We found that action had been taken to improve the safety of the service.

This meant that the provider was now meeting legal requirements.

Medicines were stored safely and checks were in place to ensure the supplies of medicines arrived in a timely manner.

Staff administered medicines in a safe way and most staff had received checks on their competency to administer medicines.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service effective?

Requires Improvement

We found that action had been taken to improve the safety of the service.

This meant that the provider was now meeting legal requirements.

Staff had received training in the Mental Capacity Act 2005 and were more aware of how to implement it.

Where necessary people had received assessments on their mental capacity and this was documented in their care plans.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service well-led?

Requires Improvement

We found that action had been taken to improve the safety of the service.

This meant that the provider was now meeting legal requirements.

The provider was now sending CQC notifications of accidents and incidents which they are legally required to do.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

St John's Nursing Home

Detailed findings

Background to this inspection

We carried out an unannounced focused inspection on 28 March 2017. This inspection was completed to check that improvements to meet three legal requirements had been met. This was in regard to staff being unaware of how to implement the Mental Capacity Act 2005 and how to store and administer medicines safely. We also found the registered manager had not fulfilled their legal obligation in sending us notifications about accidents and incidents which had happened. The provider told us improvements would be made after our comprehensive inspection on 27 September 2016.

We inspected the service against three of the five key questions we ask about services; is the service safe, is the service effective and is the service well-led. This is because the service was not meeting legal requirements in relation to those sections.

The inspection was undertaken by a single inspector.

During our inspection we looked at all storage areas for medicines. We spoke with three relatives, two care workers, two registered nurses, a member of the administration staff and the registered manager. We also spoke with the project manager who is overseeing the home on behalf of the administrators. We observed staff administrating medicines. We looked at records which included medicines administration records, four care plans, audit records and accident and incident records.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 27 September 2016 we identified that medicines were not stored safely and staff did not administer medicines using safe practices. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 28 March 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 12 described above.

The area where medicines were stored had been improved. It was now clean and tidy. Shelves had been labelled to show staff where items for each person were stored. A second medicines trolley had been purchased. This ensured that medicines could be seen clearly in each trolley and enabled two staff to administer them at the same time from each trolley. Each trolley was securely attached to a wall in the storage area when not in use.

The stock control of medicines had improved. A new system was in place to ensure staff were aware of when medicines were required to be re-ordered and records showed when they had liaised with the local pharmacy supplier. One person was responsible for this process, but was assisted, when required, by a second member of staff. The refrigerator used to store medicines was clean and could now be locked. We looked inside the refrigerator and only medicines required to be kept at a certain temperature were stored in it. When medicines such as liquids had been opened staff had recorded when they had opened them to ensure they could be used within the recommended timescale. This was to ensure they were used within a recommended period as some medicines can loss their effectiveness when opened for a long period.

The medicines administration record sheets (MARS) now identified how people liked to take their medicines. Each record had a photograph of the person on the front cover for ease of identification. Protocols had been written for all medicines which had been prescribed as to be given when required. Staff were aware of the importance of keeping those medicines under review with a medical practitioner and to seek advice as to whether they were no longer required.

Medicine audits were now undertaken on a monthly basis. After each audit, if necessary, an action plan was written. We saw the ones for January 2017, February 2017 and March 2017. These gave clear instructions to staff on what actions they needed to take and gave a timescale. When completed staff gave the date, but if the timescale was not met this was rolled into the next month's action plan.

We observed two staff administering medicines over a lunchtime period. They did this using safe practices and ensuring the medicines trolleys were never left unlocked. They stayed with each person to ensure they had taken their medicines and gave assistance where required. This included helping someone take a liquid form of medicine and ensuring people had a drink to take with their medicines. Each staff member spoke quietly to each person to ensure they understood which medicines they were taking and why.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on 27 September 2016 we identified that staff were unaware of how to implement the Mental Capacity Act 2005. They were also not recording decisions being made on people's behalf who could not make informed decisions for themselves. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 28 March 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 11 described above.

We spoke with three relatives who told us their family members could not make informed decisions for themselves. They told us staff kept them informed about their family member's care needs and how the staff had helped to look after them. One relative said, "Staff talk to me and I ask them things about [named relative] daily routine. [Named relative] likes a routine. They are calmer then." Another relative told us, "If I've had issues I've gone to the senior staff or manager. I wanted things to be right so I don't think they liked the challenges, but everyone has mellowed now. Between us all [named relative] have what they need." Another relative told us, "Staff know if I don't think [named relative] has received all the care they require I will tell them. I always get an answer and if something has been wrong they will correct it."

We observed staff ensuring people's needs were being met. Where people could not make informed choices for themselves they were still given an alternative, such as a hot or cold drink. We observed staff appeared to know the needs of people well and could anticipate their reactions and needs quickly. For example, when someone became agitated and tried to get out of a chair staff anticipated they wanted to use a toilet. Staff assisted the person to the toilet and they were not agitated on their return.

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. The application 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. We found that the provider had followed the requirement in the DoLS. Three applications had been submitted to the local authority and authorised. The provider had a further 29 pending with the local authority. As the applications had been submitted some time ago the registered manager was going to reassess each person to see whether the original application was still valid. Four people had urgent authorisations granted, but the review dates had

all passed. The registered manager was in the process of contacting the local authority to see if a review could take place.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. Staff had recorded the times best interest meetings had been held when necessary and assessments completed to test each person's mental capacity and ability. Each relative told us they had seen the care plans of their family members and staff sat with them to explain the sections. One relative said, "I like the new section 'This is me' as I can tell staff allsorts about [named relative] that sections on health and mental state don't cover." Another relative told us, "I've signed [named relative] as they can't do that for themselves and I wouldn't sign it until it was right."

In the care plans we looked at there were still some older types of assessment forms and best interests forms. The registered manager was unaware of this and started to take remedial action to ensure the records were up to date.

The majority of staff had now received update training in MCA and DoLS. A plan was in place for all those staff who still required completing their training. This was mainly new staff and staff working in other departments other than the care staff. Staff gave us a good resume of what the MCA and DoLS would mean for the people they looked after. The registered manager told us the competency of staff would be tested through supervision sessions, observations and a review of the care plans staff had written. There were no records currently to show this system had commenced.

Work was still in progress to ensure the provider had copies of the power of attorney and court of protection documents held by relatives, solicitors or the court. This was discussed with the registered manager and project manager as this would be helpful for the home to have as they would clearly show who had authority to make decisions on people's behalf. Although we saw staff had recorded this in other parts of the care plans.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 27 September 2016 we identified that the registered manager had not sent us information about accidents and incidents which had occurred in the home. They are legally required to send us notifications. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 28 March 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 18 described above.

Immediately after our inspection on 27 September 2016 the deputy manager, in the absence of the registered manager, sent us notifications which we had highlighted required to be sent to us. Suitable action had been taken to protect people from harm. Since then the registered manager has sent us all notifications they were legally responsible to send to us. We then made a decision whether the provider had taken suitable action to safe guard people from harm. Where there was not enough information for us to see what action had been taken to protect people from harm we the contacted the registered manager to obtain that information.

The deputy manager also sent us copies of accidents which they had not included on the low level risk logs the local authority had asked them to send. The local authority looks at the monthly logs and tracks whether there are themes and trends developing with accidents and incidents. We contacted the local authority after this inspection and they informed us how they were tracking the information logs, which are now being sent on a regular basis to them.

We looked at the files of accident and incident logs to confirm the information we already had received from the registered manager. The information kept in the home was the same as that sent to us. We saw monthly audits now took place within the home of all accidents and incidents which have occurred. We saw the action plan from the February 2017 audit. This gave a précis of events which had taken place, any injuries to that person and what immediate action had taken place. The action plan gave details of what further action was required of staff to ensure each person was not at risk of further harm. It then gave details of other health and social care professionals who had been contacted for further advice. This ensured the provider was adapting to the changing needs of people when necessary. We saw in the care plans we reviewed that this had been recorded and what new care and treatment was required.

Relatives told us that if their family member had an accident they were informed immediately. They also confirmed staff told them what action had been taken. They told us staff then gave them opportunity at their next visit to discuss the outcome of any accident or incident their family member had been involved in.

Staff told us they were informed of accidents and incidents through the daily handover between shifts. They were also aware of the action plans after audits had taken place and whose responsibility it was to complete the actions undertaken. Staff told us the meetings between the registered manager and the project manager

had increased since our last inspection. They told us this was another way in which lessons learnt from events could be passed on.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.