

Jesmund Care Limited

Jesmund Nursing Home

Inspection report

29 York Road
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Jesmund Nursing Home on 22 January 2019. This inspection was carried out following concerns raised regarding safety of pressure ulcer management at the service. The team inspected the service against two of the five questions we ask about services: 'Is the service well led?' and 'Is the service safe?' This report only covers our findings in relation to those questions. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jesmund Nursing Home on our website at www.cqc.org.uk.

Jesmund Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide accommodation, nursing and personal care for up to 22 people. At the time of our inspection there were 20 people were living in the service.

The service had 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.

People continued to receive safe care and support. People's risks were assessed and mitigated. Where people were at risk of pressure ulcers, timely referrals were made to healthcare professionals and the integrity of their skin was promoted. Care records were maintained and reviewed which detailed the support required and provided to protect areas vulnerable to pressure ulcers.

Staff were trained to safeguard people from abuse and improper treatment. The provider had a clear safeguarding procedure which staff understood. The provider vetted staff to ensure they were suitable to deliver care and support. People received medicines appropriately staff ensured that the environment and their practices were hygienic.

The service continued to be well led. The registered manager audited the quality of the service people received and made improvements to people's care. The views of people, relatives and staff were gathered in order to shape the planning and delivery of care and support. The provider worked collaboratively with external organisations to meet people's needs.

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 continued to be good.

Is the service well-led?

Good ●

The service continued to be good.

Jesmund 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.

We undertook this unannounced focused inspection on 22 January 2019 following concerns reported to us regarding the prevention and management of pressure ulcers. The inspection was carried out by one inspector and a specialist professional advisor whose nursing specialism was skin tissue viability.

Before the inspection we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services. We also obtained feedback from a healthcare professional the local authority safeguarding team.

During the inspection we spoke with two people, three care staff, one member of nursing staff and the registered provider. We reviewed six people's care records which included risk and needs assessments, care plans, health information and safeguarding information. We reviewed six people's medicines records and the recruitment records of three new staff. We checked the provider's quality assurance records and audits related to health and fire safety, food hygiene and infection control. We also reviewed feedback from people and relatives and the minutes of team meetings and residents' meetings.

Following the inspection, we contacted two health and social care professionals to gather their views about the service people were receiving.

Is the service safe?

Our findings

People's care continued to be planned and delivered safely. The provider had detailed safeguarding policies and procedures in place with which staff were familiar. Staff received on-going safeguarding training which provided them with the knowledge to identify different types of abuse and improper treatment. Where concerns were raised about people's well-being or treatment the provider cooperated with investigations undertaken by the local authority's safeguarding team in a timely and transparent manner.

The integrity of people's skin was protected. Nursing staff assessed people's risks of pressure ulcers and moisture lesions caused by incontinence. Skin integrity assessments were carried out by the service's registered nurses who had liaised with specialist nursing teams locally. For example, tissue viability nurses and continence nurses visited the service and were available for telephone consultation with staff. Where required, people were monitored by a GP who regularly visited the home. Care records identifying individual risks and needs were kept up-to-date. People were weighed regularly to monitor for signs of weight loss that could increase the risk of pressure ulcers occurring. Where people were at risk of tissue damage staff supported them with specialist equipment such as pressure relieving mattresses and cushions and supported people to reposition regularly. The provider participated in a pressure ulcer care quality improvement project with healthcare professionals locally. This included competency assessments for nursing staff to ensure their skills and knowledge relating skin integrity remained up to date.

Staff protected people from avoidable harm. Where people presented with known risks these were assessed and plans were in place to reduce them. Where people were at risk of falling, their needs were assessed by healthcare professionals whose recommendations were acted on by staff. For example, where people needed to use walking aids staff supported them to do so. People's risks were regularly reviewed and reassessed. Since our last comprehensive inspection, a stair lift had been installed at the service to support people who could not use the stairs safely. This meant people had a choice between using the stairs, the stair lift or the elevator. Windows throughout the building were fitted with restrictors to limit the degree to which they could be opened, preventing falls from height.

People who presented with risks associated with their healthcare needs were supported appropriately. People's health associated risks were assessed by healthcare professionals and care plans were in place to manage the risks. For example, nursing staff monitored people's blood sugar levels and took appropriate action where required. People with poor appetites had their weights monitored and were supported to take supplements to reduce the risk of them becoming malnourished.

Staff delivering care and support were assessed to be safe by the provider. This judgement was reached through the recruitment processes used by the provider to determine the suitability of staff to work with vulnerable people. Checks of new staff included testing their knowledge at interview, criminal records checks and obtaining proof of identity and address. The provider obtained and checked the references of new staff and confirmed the eligibility of staff to work in the UK.

Effective training systems were in place to ensure that staff delivered care safely. Staff received induction

prior to delivering care to people and on-going refresher training to ensure they were competent in areas such as moving and handling, handling potentially hazardous substances, food hygiene awareness and infection control. The provider sought advice and training from healthcare professionals and we reviewed records of training delivered by healthcare professionals related to pressure area care and end of life care. The registered manager used a dependency tool to ensure there were enough staff available at all times to deliver care and support safely.

People received their medicines as prescribed. Nursing staff administered medicines to people and recorded this appropriately on people's Medicine Administration Record [MAR] charts. The registered manager audited people's MAR charts and confirmed medicines balances. Periodic checks of medicines were also carried out by the nursing home's supplying pharmacy. Medicines were stored securely and the temperature at which medicines were stored was monitored by staff.

People were protected from the risk and spread of infection by the hygiene practices of staff. Staff followed the provider's infection control procedures when delivering care and support. For example, when assisting people with their personal care people staff were personal protective equipment (PPE). The PPE worn by staff included single use gloves and aprons. These were disposed of safely by staff after each use. A cleaning programme was followed by staff to ensure hygienic conditions throughout the care home. The cleaning programme included bathrooms, toilets, communal areas and people's bedrooms. Antibacterial gel was available around the service for use by people, visitors and staff and the quantity in each dispenser was monitored through regular checks. Staff followed appropriate practices to ensure food safety. Audits were undertaken of food storage, kitchen cleanliness and food preparation. The service was inspected by the Food Standards Agency and given a rating of five out of 5 in May 2018.

Staff maintained a level of preparedness to keep people safe in the event of a fire emergency. Staff reviewed fire safety training and undertook a range of fire safety checks. These checks included tests of fire alarms and emergency lighting. Staff rehearsed building evacuations and torches, high visibility vests and plans were positioned near the entrance for use in an evacuation. People had up to date Personal Emergency Evacuation Plans (PEEPs) which provided staff with information about people's specific support requirements to safely exit the building in an emergency.

The provider reviewed the facts and findings related to incidents when things had gone wrong. For example, following an incident in which a person wandered from the service after a workman, retrieving items from their van, left the front door open, the provider took action. An automatic closure mechanism was placed on the front door and a member of staff was allocated the role of monitoring trades people working at the service. This meant the provider sought to improve people's safety by acting to prevent the recurrence of incidents.

Is the service well-led?

Our findings

Good governance continued to be in evidence at the service. There was a registered manager in post who was a registered nurse. The registered manager and provider ensured that quality assurance processes continued to be robust. We reviewed a range of audits which were carried out at the service. These included checks of care records, risk assessments, staff training, infection control, pressure area care, health and fire safety. Where shortfalls were identified these were quickly addressed.

The provider arranged for people and their relatives to meet and discuss developments at the service. People were invited to share their views at these meetings and the provider acted upon them. For example, records of one residents meeting showed people suggesting a choir sing at the service. The provider arranged for this to happen.

The registered manager hosted regular team meetings at which people's changing needs, preferences and development at the service were discussed. Staff said they felt encouraged by the registered manager to share their views at team meetings. Minutes of team meetings were retained so that staff who were not present could be kept informed.

The provider had developed its IT systems since our comprehensive inspection in 2018. Care records were operational in an electronic format which were accessible by staff through terminals and hand-held, wi-fi enabled devices. Electronic records enabled managers to see recent changes and up to date information about people's care needs as well as trends and changes over time. For example, electronic care records provided the registered manager with graphical information such as people's weight or malnutrition risks. The provider told us that the service planned to upgrade the functionality of the handheld devices used by staff to enable them to see at-a-glance changes to people's needs. Staff entries into people's electronic care records were time stamped and monitored to ensure they were accurate and sufficiently detailed. The system was protected by passwords to keep people's information safe and secure.

The service worked in close partnership with external agencies and services including social workers and healthcare professionals. Healthcare professionals provided staff with training and guidance which was incorporated into practice at the service. The provider notified CQC of important events at the service in line with their legal responsibilities.