Avery Homes RH Limited

# St Giles Nursing Home

## Inspection report

122 Tile Cross Road
Birmingham
West Midlands
B33 0LT

Tel: 01217708531

Date of inspection visit:
04 April 2016
05 April 2016

Date of publication:
17 June 2016

## 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

This inspection was carried out on 4 and 5 April 2016 and was unannounced. This was the first inspection since Avery Homes RH Ltd had taken over the home.

St Giles Nursing Home provides care and accommodation to up to 66 people in need of nursing care. People living at the home were there on either a long term basis or a temporary basis waiting to return home or move to other long term services. At the time of this inspection there were 47 people in the home.

There was no registered manager at the time of our inspection although an application had been received from the person managing the home on a day to day basis. 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.

Improvements were being made to the service to ensure that a good quality service was provided to people but this was a work in progress.

People felt safe with the staff but systems in place for managing risks associated with their needs did not always ensure they were protected.

People were consulted about the care they received and were involved in planning their care. However, the numbers and deployment of staff did not always ensure that people received care and support in the way that they wanted.

People received sufficient food and drink to remain healthy and choices were available but not everyone was happy with the quality and presentation of food.

Privacy, dignity and independence was generally promoted but some improvements could be made.

People received their medicines as prescribed and their health needs were met by the appropriate healthcare professionals.

Staff were supported to provide appropriate care because they received training, guidance and support.

Staff were kind and compassionate and had developed good relationships with people.

People were able to consent to the care they received where they had the capacity to do so. Where people did not have the capacity to make decision systems were in place to ensure that their human rights were protected.

People were supported to follow individual hobbies and interests and maintain links with friends and relatives.

People felt listened to and able to raise any concerns they may have.

## 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**

The service was not consistently safe.

People felt safe with the staff and systems were in place to protect people from abuse.

Risks associated with people's needs were not always managed safely.

The numbers and deployment of staff did not always ensure that people received safe and appropriate care.

People were supported to receive their medicines as prescribed.

### Is the service effective?

**Good**

The service was effective.

Staff had the skills and knowledge to provide effective care to people.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People received sufficient food and drink to remain healthy but not everyone was happy with the food they received.

People's health needs were met by a variety of healthcare professionals.

### Is the service caring?

**Good**

The service was not always caring.

People felt staff were kind, caring and compassionate but the service provided did not always support people to receive care in the way they wanted.

People's privacy, dignity and independence was generally

maintained but improvements could be made.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive

People's needs were not always met in a personalised way by staff.

People felt listened to and were confident that their concerns would be addressed.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led

There was no registered manager in post but an open and inclusive environment was being developed.

Systems were in place to monitor and improve the quality of the service but improvements were still needed to ensure a consistently good quality of service was provided.

# 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 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 4 and 5 April 2016 and was unannounced on the first day but the provider and manager knew we were returning on the second day.

The membership of the inspection team consisted of an inspector 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. Our expert-by-experience had experience of care homes for older people and those with mental health related issues.

Before the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We contacted the local authority who commission services from the provider for their views of the service.

Because some people we spoke with were living with dementia and unable to tell us very much about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a 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.

As part of our inspection we spoke with 15 people and six relatives. We spoke with the manager, provider's representative and six staff including two nurses, care staff and the activities person.

We looked at the records of three people who received support from the service, medication records, complaints, staff training records and records for monitoring the quality of the service.

Requires Improvement

# Is the service safe?

## Our findings

People and relatives spoken with aware of risks associated with the care provided but did not always agree with the actions that had been taken. One relative commented, "They [staff] have just changed them [family member] to a lower bed with no bed rails. I understand that they have less chance of hurting themselves if they fall." Another person had had their bed lowered to a position where the risk of injury due to falling out of bed was reduced. A mat had been placed to the side of the bed. The person and the relative were not happy that the bed had been lowered because it meant they were unable to look out of the window as they spent most of their time in bed. The mat had been placed on the side that the person was unlikely to fall onto. The emergency call buzzer had also been placed on the side the individual would have been unable to use.

We saw that care plans were in place to inform and guide staff on what they needed to do to support people to reduce risks but the level of detail was insufficient. For example, although care plans identified when mats were to be placed next to the bed they did not identify which side of the bed it was to be placed. Where people needed to be repositioned in bed to prevent skin damage care plans stated 'reposition regularly' and did not identify the frequency that was needed to prevent skin damage. We saw that the repositioning chart for some people showed that the time between being repositioned varied from one hour to 6 hours. This meant that people could be at a potential risk of injury due to falls or skin damage because they were not repositioned as needed.

Systems were in place to keep people safe in the event of an emergency but a slow response from staff could put people's health and welfare at risk. Staff told us about the actions they would take in the event of an accident or someone becoming unwell ensuring people's needs were met. We saw that buzzers were answered within a reasonable time however, one person told us that often the staff only responded to a buzzer when it went onto the emergency call. We saw that when the emergency buzzer was activated staff that were available did not attend with any degree of urgency although the manager attended the emergency from another floor. We had received some concerns that indicated that staff responses were not always appropriate and there was a delay in gaining support. During discussions, with the manager and provider's representative, we were told that there was a member of staff in the room when the emergency buzzer was activated but accepted that staff should have responded to the call. It is acknowledged that on this occasion the individual did not suffer any delay or harm as there was already a member of staff with them who did not realise the buzzer had been activated. We saw that equipment was maintained regularly so that it was safe for use.

People we spoke with told us that although there were generally enough staff, but there were occasions when they had to wait for assistance. One person told us that often they had to wait to be taken out for a cigarette. Another person told us that sometimes they had to wait for assistance but that didn't bother them. A relative told us, "Staff are always around and [family member] is not alone." During our inspection one person told us, "I needed the toilet. Now it's too late." Other people told us that staff were rushed and this meant that personal care was not always provided as they would have liked. Staff we spoke with told us that there were occasions when there were fewer than the required numbers of staff and sometimes the use

of agency staff meant they were not able to work as quickly as needed. We discussed the staffing levels with the manager and provider's representative. We were told that staffing levels were based on people's dependency levels so they felt the number of staff was correct. However, they acknowledged that the deployment of staff was sometimes an issue and this was something they were trying to address with senior staff. The manager told us that some staff had left and that recruitment to the vacant post had been carried out. We saw that some newly recruited staff were on an induction programme in preparation for their employment.

People told us that they felt safe living at the home. They told us if they had any concerns that they would speak to staff or the manager. One person said, "After so many years I feel safe." Another person said, "I definitely feel safe." Another person told us they felt safe because, "The front door is always locked and only staff are allowed access to open the door for visitors." We saw that people using the service looked relaxed and comfortable in the presence of staff.

Staff spoken with told us that they had received training on how to protect people from the risk of abuse. Staff we spoke with were knowledgeable about the different types of potential abuse and what action they would take if they saw anything that suggested people were at risk of harm. Staff spoken with told us they had never witnessed anything in the home that they considered was abusive. Records we hold showed that the provider had reported incidents of potential abuse appropriately and acted appropriately when issues were brought to their attention.

Staff told us that before they started work all employment checks were made. Records we looked at confirmed these checks had been undertaken before they started work. This meant that systems were in place to help reduce the risk of unsuitable staff being employed.

People told us that they received their medicines. One person told us that they always got their medicines although occasionally they were late. Staff told us and we saw that only nurses administered medicines. We observed that people were asked if they wanted painkillers and offered their medicines in the way they wanted. For example, some people took their tablets from a spoon and others had the medicines placed on their hand. We saw that some people were able to manage medicines such as inhalers and safe systems were in place to support them to do this. We looked at the systems in place for managing medicines in the home and found that there were appropriate arrangements for the safe handling, storage and disposal of medicines. Staff told us that they had received training so that they were able to give medicines safely.

Good

# Is the service effective?

## Our findings

Most people were happy with the meals provided but some people thought they could be improved. People told us that generally they liked the food and they were able to choose what they wanted to eat on a daily basis. One person told us, "We are asked to make a choice of meals for the following day. If we don't want any of the meals on offer there is a list of alternatives we can have." Another person said, "I like the food. The food is good and we are given two choices." A third person told us, "Food and presentation could be improved. Sometimes the meat is tough and cold." Another person said, "Food could be better but you won't starve here." Another person told us they felt there was too long a gap between the evening meal and breakfast the following day and there were not any snacks available. However, one relative told us that they had seen snacks available for some people. Our observations showed that people enjoyed their meals and the meal during our inspection was well presented. We discussed this with the manager and provider's representative who told us snacks were available but they would discuss with staff about ensuring they were made available to people. They also told us that they were working with the catering staff to ensure that improvements were made to the meals.

During our inspection we saw that people were offered choices at meal times and special diets such as soft diets and thickened fluids were available. We saw that people were assessed to determine if they were at risk of not eating and drinking sufficient amounts and people were weighed to monitor that they remained healthy.

People told us that the staff had the skills to meet their needs. One person said, "The staff are very good." Another person said, "They [staff] know me well and they know my needs." A relative spoken with told us they felt that staff were knowledgeable about what to do and how to care for people. Some people and relatives told us that more attention could be given to people's personal care such as nails being cut and spectacles being cleaned regularly. Staff told us that they had received the training they needed to do their job.

Staff told us that they felt supported to carry out their roles effectively. One member of staff said, "We get good training here now. It's much better than it used to be. There is more classroom teaching." The provider had a record of the training they had provided to staff and this showed that staff had received some training and further training had been planned so that they had all the training they needed to meet people's needs. Staff told us that induction training was provided and this included a period of shadowing experienced staff. The provider told us that there was a plan for staff to undertake care certificate training. The care certificate is training to ensure that staff have the skills and knowledge needed to provide good care.

Staff told us that they felt supported because the manager and nurses were approachable and available for advice. Staff told us, and records showed that they had started to have the opportunity to meet regularly with the manager in staff meetings and individual meetings to discuss issues. Records of these meetings showed that staff were able to discuss their learning and development needs and others were to discuss a particular topic to ensure they continued to be able to meet people's needs.

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. We checked whether the service was working within the principles of the MCA. People who lived at the home told us that staff got their consent before supporting them with tasks. We saw that staff listened to what people wanted to do and respected the decisions they made. For example we saw staff asking people what they wanted to eat and what they wanted to do, and then supported them to do that activity. One person told us, "I choose when to go to bed and get up." Staff spoken with were knowledgeable about what the MCA meant for them and the way they worked and could give an explanation of how they applied these principles within their role. For example, people were shown clothing so that they could choose what to wear. We saw that people were assessed for the abilities to make decisions for themselves. Where people were not able to make decisions their families and professionals in their care were consulted for decisions such as treatments they could receive. This meant that decisions were made in people's best interests.

People should 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). Staff told us they had received training in DoLS. The manager told us that they had started to make applications to deprive some people at the home of their liberty and so far one application had been approved. Staff were aware of applications that had been made and could tell us the reasons these were required and how this would impact their work.

People and their relatives told us that the GP and other health professionals visited regularly and people were accompanied to hospital appointments by relatives or staff. One person told us, "The staff make arrangements for me to attend hospital appointments." Staff told us that there were a number of healthcare professionals that attended the home. These included specialist skin care nurses, chiropodist, doctor and optician so that people's health needs were met. Records about people's mental and physical health needs were well maintained. All of the staff we spoke with knew about people's mental and physical health care needs, and the signs that people were unwell.

Good

# Is the service caring?

## Our findings

People's privacy and dignity was promoted most of the time. People told us that the staff treated them well and spoke to them nicely. One person said, "The staff always knock on my door and ask if they can come in." Another person told us, "During my personal care some staff disturbed me which is not very respectful." Staff gave us examples of how they promoted privacy and dignity and these included doors and curtains being closed when assisting people, and keeping people covered up as far as possible when providing personal care.

People commented that staff were kind and caring and knew the help they needed. One person told us, "They (staff) are beautiful people. I couldn't do without them." Another person told us, "Staff here are caring and supportive." A relative told us, "Staff are very friendly and welcoming, you don't feel strange. They also offer cups of tea or you are able to access the kitchen facility to make tea for yourself." We saw that staff spoke with and about people in a warm and caring way. We saw that people that living in the home were caring towards each other and smiled and chatted with each other.

We saw that the interactions between people using the service and staff were caring. These interactions showed that staff had a good relationship with people. We saw that when staff supported people to move around the home this was done with care and kindness speaking with people and telling them what was happening. Conversations were warm and caring and we saw that people enjoyed banter with the staff. We saw thank you cards from relatives that expressed their gratitude for the kindness and care shown to their family members whilst they had been in the home.

People were supported to make some choices and decisions about their care. Choices included how people wished to spend their day, where they sat and what they ate. One person said, "Staff know what I like." Another person told us they had been offered alternative accommodation in the home but they preferred to stay where they were so that they could look out of their bedroom window and this was agreed with by the staff at the home.

People were well presented and dressed in individual styles that reflected their gender and personal taste. People told us they were supported to have their hair styled in the way they wanted. We asked one person why they had not had a shave that day and he told us he was having it later. This showed that staff understood the importance of promoting individuality and choices so that people's well-being was promoted. We saw that people were addressed by their preferred name and saw that staff spoke to people respectfully.

People were supported to be independent. For example, people were supported to mobilise independently with equipment such as walking frames. We saw that some people were supported to improve their mobility with the involvement of physiotherapy. One person told us, "Staff encourage my independence. I like my own time and prefer to stay in my room." Staff spoken with told us how they supported people to retain some control and independence. For example one staff told us, "We let people do the bits of personal care they are able to do for themselves." We saw that some people were given finger foods so that they were able

to eat themselves and lidded beakers were provided to enable people to drink independently.

Requires Improvement

# Is the service responsive?

## Our findings

People told us that they had been involved in planning their own care and that staff knew how they preferred their care to be delivered. One relative told us, "Staff have a strong commitment to provide care and support based on people's individual preferences." Another relative told us, "Although the care plans contain details about people's needs, people may change their minds daily depending on how they are feeling, so staff always ask and explain things".

However, some people commented that they were not always supported to receive personal care in the way they wanted. For example, they were not supported to have a bath or shower when they wanted. One person told us, "I was told I could have one shower a week. I like to have a shower each day." We asked the person if they were given a choice of whether to have a bath or shower and they told us they did not think there was a bath available. We saw that there were bathing facilities in the home. Another person told us, "I have had one, maybe two showers, in the time I've been here. We are not given the option to have a bath or shower." The records of care provided to people did not always show clearly what care had been provided. When we brought this to the manager and provider's representative's attention they were surprised and concerned that this may be occurring and reassured us that they would look into the issue. The manager showed us a handover sheet that was going to be introduced where baths and showers were to be recorded so that this issue would be monitored in the future.

Some people living in the home were happy that the staff knew what care they needed and did not feel they needed to be involved in their care planning or reviews and were happy for relatives to take that role. One relative told us that due to the new owner and manager, things were still being put into place and I believed it would take some time to update [the service].

Throughout our inspection we saw that people had things to do that they found interesting. Some people remained in their bedrooms and undertook activities such as reading, knitting or watching the television. Other people enjoyed organised activities. On the first day of our inspection there were external entertainers in the home. We saw that as staff were preparing an activity with balloons one person started to sing. The staff in the vicinity stopped what they were doing and listened to the individual singing. Staff then encouraged another individual to sing their favourite song about their mother and everyone listened intently to the song. This showed that although there were planned activities these were flexible to suit people's needs at the time. We saw the activities organiser go to some people in bedrooms too. Staff spoken with told us about activities such as the Easter bonnet parade. People had been supported to make Easter bonnets prior to this. People told us there were regular entertainers to the home and they were supported to undertake simple exercises.

People were supported to maintain the relationships that were important to them. A relative told us, "We can visit at any time, we are always made welcome." Another relative said, "This home is open 24/7 and you can visit at any time without any restriction. We like this flexibility." Some people went out with their relatives. A relative said, "I take [person] to my house to spend quality time with [person] which makes a huge difference to them." Relatives spoken with told us they were kept informed about their family member

and felt involved in their care.

People knew how to complain. None of the people spoken with had made a formal complaint about their care but said that if they had a problem they would speak with the senior staff and were quite confident that their concerns would be addressed. A relative told us that the manager was approachable and any issues they had raised had been addressed. They felt that improvements were being made and they felt more listened to since the new manager had come in. We saw that complaints raised with the manager had been addressed. One relative told us that details of meetings they could attend were displayed on the notice board.

Requires Improvement

# Is the service well-led?

## Our findings

At the time of our inspection the person registered with us as the registered manager was no longer working at the home. We discussed with the provider's representative the need for the individual to deregister as the registered manager. The manager currently in charge of the home had submitted an application for registration and was waiting for the process to be concluded.

We saw that many improvements were being introduced by the manager that had only been in post a few months, but they had not yet had the opportunity to show that improvements introduced had been sustained and that there was continual improvement under their management. Although people told us that they had noted improvements in the service since the new provider had taken over we saw that improvements were needed to the quality of care people received so that it was safe and based on individual needs. Relatives told us that they felt the management and staff were more attentive and responsive to their requests for information. Healthcare professionals working in the home told us that communications between them and the home's staff had improved as had the care people received and further improvements were planned. Staff told us that they felt that the manager was approachable and they could go to the manager or the nurses with any concerns they had. Staff felt that there was a more open culture in the home. Staff told us that the training provided to them had improved and included face to face training. There were more meetings and supervisions for staff so they felt more supported in carrying out their roles.

We saw that there was a happier environment and although not everyone knew who the new manager was those that did said she was approachable and was making efforts to improve the service. A relative said, "The activity worker left and came back which is providing people with hope that the service will improve." We saw that the new manager was taking actions to involve people in the running of the home and to ensure that they were kept informed of changes that were taking place through meetings held for staff, people that lived in the home and for relatives of people in the home. The manager had set up a 'manager's surgery' where she made herself available for people to speak with her.

There were effective systems in place to monitor the quality of the service. Quality audits were undertaken by the manager, external managers and the provider's representative. These included audits of clinical practice, competence of the staff, infection control and prevention, food and medication. We saw some improvements were still being progressed. For example, the provider's representative told us that there was a plan for ten per cent of care files to be audited on a monthly basis but because it was felt that previous documentation was not of the required standard this was not possible yet. Care records were in the process of being updated. We saw that where the audits identified areas for improvement an action plan had been developed. These action plans had been monitored to ensure that the service continually improved. The provider had a system to address maintenance issues in the home, our observations and the records we saw showed that the home was well maintained. Redecoration of the second floor was in progress. The provider's representative told us that there was a plan for redecoration and refurbishment across the home to improve the environment for people.

Organisations registered by the Care Quality Commission are required to inform us about accidents and incidents that occurred in the home. Records we hold about the service showed that we were kept informed about occurrences in the home so that we could monitor and follow up any issues that required to be followed up. We saw that when information was requested the provider was forthcoming with the requests for information.