Blackberry Hill Limited

St Anne's Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

St Anne's Nursing Home provides nursing and residential care to a maximum of 50 men and women who are elderly or have physical care needs. The service is provided by Blackberry Hill Limited and there were 41 people in residence at the time of our inspection.

This inspection took place on 10 and 16 March 2015 and was unannounced. This is the home's first inspection since transfer to a new provider on 1 December 2014.

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

The staff of the service had access to the organisational policy and procedure for safeguarding people from abuse. They also had the contact details of the London Borough of Islington which is the authority in which the service is located and, with the exception of a small number of people, is the main authority which places people at the service. The members of staff we spoke

Summary of findings

with said that they had training about protecting vulnerable adults from abuse, which we verified on training records and most were able to describe the action they would take if a concern arose.

We saw that risks to people using the service were considered and common risks such as the risk of falls and those associated with people's healthcare needs were included. Any risks associated with people's individual circumstances were also given attention and responded to. The instructions for staff about how to minimise risks were clear.

We saw there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. The service was applying MCA and DoLS safeguards appropriately in the small number of cases where people were thought to require assessment. We also viewed follow up action and the new service provider had undertaken a re assessment of all people using the service to ensure that there was an accurate picture of who these areas would apply to.

People were supported to maintain good health. Nurses were on duty at the service 24 hours and a local GP visited the home twice each week, but would also attend if needed outside of these times. Staff told us they felt that healthcare needs were met effectively.

Everyone we spoke with who uses the service and relatives praised staff for their caring attitudes. The care plans we looked at showed that attention was given to how staff could ascertain each person's wishes, even in the small number of cases where people were suffering with dementia, to maximise opportunities for people to make choices that they were able to make.

It was not evident that enough was being done to encourage people to maintain their mobility or to engage in activities. The provider informed us that an activities co-ordinator was being recruited.

We found that communication between people using the service, relatives, visitors and staff was usually open and respectful. Staff talked about the people they cared for with dignity and respect and knew their responsibilities in providing effective care.

We found that the staff team communicated effectively and there was trust in approaching senior staff and the registered manager to raise anything of concern and to discuss care practices. The views of staff were respected as was evident from conversations that we had with staff and that we observed.

At this inspection we found one breach of regulation. You can see what action we have asked the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People's safety and any risks to their safety were identified and reviewed. We found that there were enough staff to care for people at different times of the day although some people using the service and staff thought there could be more.

Medicines were stored and administered safely by staff that had relevant training.

Good

Is the service effective?

The service was effective. The new provider was taking the necessary action to ensure that they updated their knowledge about staff training, supervision and appraisal. There were plans in place to address any updates in skills and knowledge which staff required.

There was a programme in place to ensure that the service updated and assessed people's capacity to make decisions about their own care and support.

Good

Is the service caring?

The service was caring. Throughout the day of our inspection, staff were observed talking with people in calm and friendly tones. They demonstrated a good knowledge of people's characters and personalities.

We saw that when staff were providing assistance this was always explained, for example when assisting people with eating and drinking.

Good

Is the service responsive?

The service was usually responsive. We found that most people were not actively engaged in activities, which the service accepted as being an issue but described the steps it was taking to address this.

We found that peoples care planning and involvement in decision making about their care was being given priority.

Requires Improvement

Is the service well-led?

The service was well led. The provider, although newly operating the service in place of a previous provider, was implementing systems for monitoring the quality of care.

Meetings with people using the service and relatives had already begun and the service was taking action on comments people made and developing action plans to address any identified improvements that were required.

Good

St Anne's 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 was unannounced which meant the provider and staff did not know we were coming. The inspection took place on 10 and 16 March 2015. The inspection team consisted of a single inspector and an expert by experience that had knowledge of caring for an older relative who used care services.

We looked at notifications that we had received and communications with people, their relatives and other professionals, such as the local authority safeguarding team, community nursing and commissioning teams.

During our inspection we also spoke with four people using the service, two relatives, two visitors, five members of staff, the registered manager and the provider.

As part of this inspection we reviewed five people's care plans. We looked at the training and supervision records for the staff team. We reviewed other records such as complaints information, menus, audit information, maintenance and safety / fire records.

Good

Is the service safe?

Our findings

The comments that we received from people living at the home, relatives and visitors about the service were mostly positive. A person using the service told us "the care on the whole is very good. I like the friendliness, the helpfulness, their hearts are in the right place, but you need to improve punctuality." A relative told us, "The standards are very good here. The place and [my relative] are always clean. Overall it's a very nice residential home. [My relative] is very happy and settled and the staff are very good."

Some people using the service, relatives and visitors thought there were not enough staff, while others thought there sufficient staff. A person using the service told us "there could always be more carers" and another said "there are enough staff but we could do with more". A relative told us they felt that there should be at least one carer in the lounge/dining area at all times "for safety reasons". They went on to say "there is room for another two carers on this unit". However, they did feel that their relative was safe in the home. A visitor thought there could be more staff, but said "there are enough to cover what needs to be done".

A relative told us they had noticed that one of the male carers has been "a bit unprofessional" in the way they manually handled their relative and another person. They said the way this was done didn't look right. We explored this comment with the manager who clarified the issue raised and we found that staff were moving people in a safe way.

Another person told us they felt safe in the home, and two relatives said they thought their relatives were safe. One person using the service said that the response to the call bell was varied, ranging from a few minutes to an hour on one occasion, while another person said the response was good.

We raised these comments with the registered manager and provider who undertook to explore these views. However, we did not find evidence to suggest that there was a lack of staff.

Staff had access to the provider's policy and procedure for safeguarding people from abuse. They also had the contact details of the London Borough of Islington which is the authority in which the service is located and it was mostly this authority placing people at the service. The members of staff we spoke with demonstrated their awareness about protecting people from abuse and all of those we spoke with were able to describe the action they would take if a concern arose.

The provider was able to verify that the previous provider had provided some training records that showed that 83% of staff had received training about safeguarding. For those that could not be verified the service had already booked training to ensure that their knowledge was updated.

We found that the service worked in co-operation with people using the service, their families and the local authority when concerns arose. We found that where concerns had arisen that these were responded to properly.

Staff had a wide variety of opinions about whether there were enough staff at different times of day to care for people. Our review of the staff roster and deployment of staff did not raise any concern although the provider accepted that reduction in the use of agency staff had occurred due to the decrease in occupancy levels in the home to 41 people instead of 50. During the inspection we saw staff were able to give people individual attention and reassurance and although there were enough staff on duty to care for people they were clearly busy some of the time.

We asked about staff recruitment since the provider took over the operation of the service. We were told that recruitment of new staff had not yet occurred although this was about to commence.

During our observations of how and where staff were located during the day it was unclear whether there was a consistent policy on staff being present in the lounges. During the afternoon in two lounges on each of the first and second floors we found staff were not present for periods of time, usually around five minutes or so, although it is recognised that almost none of the people in the units were in the lounges where we found this. Staff were around in the units engaged in other work with people but our observations raised questions about whether there was a policy on attendance in the lounges and if so, whether it's communicated effectively and followed by all members of staff. We raised this with the registered manager who said that staff would be reminded that they should maintain regular contact with people in lounges and to look into this further.

Good

Is the service safe?

Where people were identified as at risk of pressure sores we saw that detailed and clear information was provided to staff to minimise this risk. Actions included provision of air mattresses and instructions concerning the monitoring of these, regular recording of a person's weight, their need for fluids and a balanced diet, checks required on skin integrity and the application of barrier cream. Staff had clear instructions about how to minimise the risk of pressure sores and carried out the routine checks required.

We saw other risks assessments, for example, about the risk of falls, using the alarm call system and the use of bed rails. The instructions for staff about minimising risks were clearly outlined in these assessments.

During our visit we checked the communal areas of the service which were all clean and well maintained. We spoke with the maintenance manager who showed us records of health and safety checks of the building and the appropriate certificates and records were place for gas, electrical and fire systems. We saw that hoists and slings used to support people with transfers were regularly checked and these checks were up to date to support people's safety. The provider had an emergency contingency plan for the service which we saw was detailed and gave clear instructions about the response to emergency situations.

We saw that people were supported with their medicines and these were stored safely. On the day of our visit we observed medicines being administered after lunch on one of the two floors. We saw staff talked with people about their medicines and they had been given information about what their medicines were for.

We looked at twelve people's medicines administration record charts (MAR) and saw that staff had fully completed these. The records showed that people had received all their medicines as prescribed at the correct times of day. We saw that staff were trained in supporting people with their medicine and there were guidelines in place for staff to ensure that people received these appropriately. Records showed staff had followed this guidance and the service also had their medicines management audited by the service. Nurses administered medicines on each of the floors.

Good

Is the service effective?

Our findings

A relative of someone using the service told us, "the day to day care, for example, washing, is outstanding, but dealing with dementia could be improved. Staff need all round training or awareness on how to deal with people with dementia. People need to keep hold of the memory; give them the tools, keep them stimulated, as once the memory goes, you lose the person and they lose touch with reality."

The provider informed us that they had experienced significant delay in obtaining information about staff training from the previous provider. They were able to verify training in some areas, for example moving and handling, infection control, safeguarding and equality and diversity and where shortfalls were identified in this training among the staff team had developed a programme to update staff training. The provider advised us that extensive dementia training had taken place and was taking place as provided by the group's Dementia and Enablement specialist.

Each of the five staff we spoke with, two nurses and three care workers, told us they had effective training when employed by the previous provider and had already attended training, or were about to, since the new provider took over the service.

Staff told us that they had each received supervision from their direct manager since December 2014 when the provider took over responsibility for the service. Nurses told us they had received clinical supervision and care staff said they were aware that the provider was establishing a supervision schedule designed to ensure this happened at least once every two months. It was too early to establish whether this was effective, however, we will review the training and supervision of staff at the home when we next inspect the service.

Clear evidence of obtaining people's signed consent to their care and treatment was variable, in part due to the fact that many care records were still being updated and transferred to the new provider's care planning system. We raised this with the registered manager who informed us that due to this transfer renewed consent would be obtained and then showed us an example where relatives had been contacted to be included in this process.

Staff we spoke with understood their responsibilities under the Mental Capacity Act 2005 (MCA). The provider had secured a specialist to review the needs of people under MCA to gain a fuller picture of who this may apply to and what training was required by staff to fully update their knowledge and working practice. We spoke with this person who had already commenced their review at the home and had developed a training programme, that we viewed, which was about to be implemented across the whole of the staff team.

We spoke with senior staff about their awareness of Deprivation of Liberty Safeguards (DoLS). We were told that currently these safeguards did not apply to anyone using the service, although this was being verified within the overall review of those who may require assessments under the MCA. We were able to verify from information that the provider had obtained from the previous provider that 87% of staff had completed DoLS training with the remainder being identified to receive this training once it could be arranged.

Most of the care plan records we looked at had the correct forms in place recording decisions about resuscitation choices where this was relevant. We noted that the forms were updated regularly by the GP. However, in one case a relative had expressed concern about this process having been undertaken by a GP without consulting with them. They had raised this with the registered manager of the service who had supported them to complain to the GP and to re-assess the person with proper consultation.

A person told us, "The food is very good on the whole." They said there was a choice and that if people asked for something special they would get it. Another person said there was quite a good choice of dishes. The relative of another person said that the food was generally OK, but her relative sometimes said they did not like some of the dishes. They told us they had asked for some West Indian dishes to be included in the menu but said they had not noticed that that had happened. We raised this with the registered manager who said they would address that with the chef at the home. We found that people's choices were taken into account as two people we observed having meals that were particular favourites which were not on the general choices for the mealtime we observed but had been specially prepared.

We witnessed a carer reading out what was on the menu for lunch that day to someone who couldn't see very well. The carer did not seem to understand what they were reading, so she just read off the sheet, not always correctly saying 'bread chicken' instead of "breaded chicken" and

Good

Is the service effective?

missed out an item also on the menu. We raised tgis with the manager who said they would address this with the staff team so that they could provide clearer information for people.

We noticed that the menus on the dining tables were the winter menus but the spring menus were up on the notice boards and we brought this to the attention of the registered manager. He informed us that this was an error as the spring rotating menu was not due to start until the following week and then made sure that the menus displayed on the notice boards were changed back to the correct menu.

The home operated a policy of protected mealtimes which was designed to ensure that care staff focus on providing assistance to people at meal times rather than engaging in other work unless urgent care matters arise. Our observation of lunchtime showed us that nobody was rushed and staff noticed when people were not eating and encouraged them to do so. People were offered drinks regularly.

We found that nutritionist advice was available from the local health care services when required and the service had sought this advice when assessments and advice were thought by care staff to be needed.

Other relatives told us they were kept updated about their (relative's) condition by the staff, as did someone else, but was not informed of hospital appointments. We raised this with the registered manager who told us they would remedy this with the person who raised the concern.

People were supported to maintain their general health. Nurses were on duty at the service 24 hours a day and a local GP visited the home twice each week, but would also attend if needed outside of these times. Staff told us they felt that healthcare needs were met effectively and we saw that staff supported people to attend medical appointments, for example at hospital.

Good

Is the service caring?

Our findings

People using the service, relatives and visitors were generally complimentary about the carers. One person told us, “The care staff listen on the whole, except the younger ones can look a bit blank.” They said there were sometimes communication problems with the staff but they would “put a query against one care worker, they don’t do it out of spite, but because they are rushing. Some of the staff are OK, but some are a bit rough”. As this person could not identify the carer we were unable to take that further but did inform the registered manager about the comment, who said they would look into this further.

Other people told us “the staff are excellent”, “the staff are always friendly and listen to any concerns. They seem to listen, they try their best”. A relative told us, “The staff are caring. They listen and the communication between (relative) and the care is good.” A visitor said, “They’re trying their best, the staff are very good and appear to be very caring. My friend always seems to be looked after, always clean and presentable. They’ve helped them a lot.” They also thought their friend was treated with dignity and respect. Another visitor said their friend was always well looked after but he thought that the staff could be more enthusiastic.

As a part of the provider transferring care plans to their own systems from the previous provider we were shown evidence of how an aspect of this process would be to review and assess how everyone using the service made choices. We spoke with members of the care staff team about how they sought the views and wishes of people who used the service. All of the staff we spoke with described the people they cared for in a respectful and considerate manner. They described, and we observed, how they asked people about their preferences and explained what they were doing when providing care and support.

Throughout the day of our inspection, staff were observed talking with people in a calm and friendly manner. They demonstrated a good knowledge of people’s characters and personalities. We saw that when staff were providing assistance this was always explained, for example when assisting people with eating and drinking.

The provider had a clear and detailed policy for acknowledging and respecting people’s unique heritage and individuality. Staff we spoke with were clear about the expectation that they treat people with respect and dignity. Comments we received from people using the service, relatives and visitors demonstrated that people felt that they were treated with respect and the overall view of staff, with a small number of exceptions, was that staff treated people in a respectful and dignified way.

Requires Improvement

Is the service responsive?

Our findings

A relative of someone using the service told us that there used to be an activity sheet displayed in the lift, and there used to be lots of activities but these had stopped. They felt that there should also be specific activities for people with dementia, but had never seen any taking place. This person also said that about six weeks previously she had been told that a physiotherapist would come to assess their relative in relation to them no longer walking but nothing had happened. We were told by the registered manager that that there had been delays in securing physiotherapy visits and we confirmed that this was being chased up by the service.

The relative of one person and the friend of another said they were waiting for the relatives/friends to get special chairs or wheelchairs to get them out and about more. The visitor said that if their friend had an appropriate wheelchair they would have taken him out as it was a nice day. We checked this with the registered manager who told us that the wheelchairs were available and they would ensure that this was passed on to the person who had raised this concern.

A person who was bed bound told us that they loved tennis but had not been told that a tennis tournament was on a TV a few days before.

A person told us that they thought their relative could and should be encouraged to walk with the help of a frame. They said they thought that group physical exercises should be done in the home to maintain people's mobility but had never seen such activities taking place. Another relative was also keen for their (relative) to start walking again.

Although the provider informed us that an activities co-ordinator was being recruited, we found the service was not fully addressing aspects of care such as maintenance of mobility and activities which had a moderate impact on the service provided to people. This was in breach of Regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's individual care plans included information about cultural and religious heritage, communication and guidance about how personal care should be provided. The care plans were in the process of being reviewed and transferred to the new provider's care plan procedure. We found that this had begun in all of the five care plans we looked at. However, we found in one case that a fluid chart was being filled in by staff for a person who no longer needed this monitoring. We spoke with a nurse about this and they told us that they would remind care staff that this was no longer necessary.

The provider had a clear complaints and comments system which was made available to people using the service and relatives. We asked people about whether or not they knew how to complain and if they felt confident that they would be listened to. People felt confident they could complain if they needed to and that they would be listened to. We looked at the complaints that the home had received since the provider began operating the service in December 2014. One complaint had been received about the previous provider, and three others had been made to the current provider. We looked at the nature of these complaints and found that the provider had responded to them appropriately, speedily and they had been satisfactorily resolved.

Good

Is the service well-led?

Our findings

A person using the service told us “the management are generally OK” and another told us “the manager is brilliant at his job”. A relative told us “The manager is an approachable person, very friendly, easy to talk to, tries to troubleshoot to the best of their ability. He could troubleshoot more quickly, but is approachable and understanding.” A visitor said “The home appears to be well run, the manager tries his best. I like the atmosphere of the home and it must come from the management and the staff” and another said “the management here are very supportive. I was impressed”.

Staff felt there was openness in communication between management, the provider and staff team. Each member of staff felt that they would have no hesitation in approaching the senior staff team or registered manager directly if they had any concerns to raise or to talk about matters more generally.

A number of people using the service and relatives mentioned the recent meeting between them and the management of the service. They said the meeting was useful and the relatives had suggested that a date be set there and then for the next meeting and the meetings would be held every two months. A relative told us that they had not known there had been a meeting, although we were able to verify that information had been displayed in the home that a meeting was to take place.

A visitor mentioned that often they had to wait a long time before they were let into the home, and had waited 15 minutes on one occasion, and the problem of entry into the building had been raised at the recent meeting. They also said that the issue of having access to Wi-Fi around the home had been raised at the meeting. The provider informed us that they had already started to look at how these issues could be resolved and this was a part of their plan to upgrade services and facilities in the home.

There was a clear management structure in place and staff were aware of their roles and responsibilities. People’s views were respected as was evident from conversations that we had with staff and that we observed. Staff told us that there were regular team meetings, which we confirmed, where staff had the opportunity to discuss care at the home and other topics.

The provider had a system for monitoring the quality of care which was discussed with us. As the provider took over the running of the home three months before this inspection we felt that it was too early to reach a judgement on the effectiveness of those systems which we will review again at our next inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Areas of person centred care regarding mobility and activities were not being appropriately addressed in all cases.