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**St Davids Residential Care
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

About the service

St David's Residential Care Home is a residential care home providing personal care to 14 people aged 65 and over at the time of the inspection. The service can support up to 18 people. The home is an adapted period building in a seaside resort.

People's experience of using this service and what we found

Whilst the people who used the service had benefited from some improvements to the service since our last inspection, the provider had failed to ensure the environment was safe and free from harm. Their governance monitoring system had been ineffective at identifying and rectifying these concerns. However, prompt action was taken by the service to make these areas safe.

The outcomes for most people were good. However, for some, this was not the case and a lack of staff meant we observed that they were left unstimulated and without meaningful interaction for a long period of time. This also put people at risk.

Communication was generally good however, some relatives we spoke with reported that this could be improved as they did not always feel fully involved in their family member's care. Staff reported good internal communication, a positive atmosphere and a supportive management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We also saw that people's needs were met in relation to their nutritional, healthcare and medicines needs.

Most relatives and all the staff we spoke with talked positively about the service and management of the home. Relatives told us they would recommend it with one commenting, "I cannot fault it" while another said, "[Family member] is really happy and I would recommend it. Staff know how to treat people and they are very caring, and they listen."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (report published on 22 October 2019) and there were four breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, although we found some improvements, the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the

last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about multiple aspects of the service including staffing, risk management and quality of care. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to environmental safety issues, infection control management and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

St Davids Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection site visit was completed by three inspectors, one of which was a medicines inspector. An Expert by Experience sought feedback from service user's relatives via telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Davids Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first inspection site visit, completed on 06 May 2021, was unannounced. The second inspection site visit,

completed on 10 May 2021, was announced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications, information received from members of the public and the service improvement plan sent by the provider following our last inspection in 2019. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We briefly spoke with two people who used the service and 12 relatives about their experience of the care provided to their family members. We spoke with six members of staff including one of the partners for the provider, the registered manager and care staff including senior care assistants.

We reviewed a range of records. This included five people's care records and the medication records for 12 people. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and quality monitoring audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks to the health and safety of people who used the service. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remains in breach of Regulation 12.

- The people who used the service were not fully protected against the risks associated with the environment.
- People had been put at risk from scalds and burns. Radiators with hot surfaces were not fully covered and hot water exceeded the temperature recommended by the Health and Safety Executive in several areas of the home.
- Some large items of furniture were found to be unsecured putting people at risk of harm.
- Window openings had been restricted to manage the risk of falls from height however, these were not in line with guidance from the Health and Safety Executive. The restrictors risked being tampered with potentially resulting in failure.
- People were not fully protected from the risks associated with the use of stairs. We found several stair guards unbolted meaning stairs were accessible. This would have been unsafe for some people who lacked insight into their own safety which placed them at risk of harm.

The above concerns constituted a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The above concerns were raised with the registered manager who took prompt action in response.

Preventing and controlling infection

- The service was not fully adhering to government guidance in relation to managing COVID-19 and this put clinically vulnerable people at higher risk of becoming seriously unwell.
- During our inspection, senior managers were seen not to be wearing face masks at all times.
- Staff were not monitored for COVID-19 symptoms at the entrance of the home. This was not completed until they had walked through the home to a designated area. This increased the risk of them spreading infection.

The above concerns constitute a breach to Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

At our last inspection the provider had failed to have safe recruitment systems in place. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Systems were in place to ensure only staff suitable to work with those that lived at the home were employed.
- Appropriate safety checks had been completed on employed staff including the completion of a Disclosure and Barring Service (DBS) check and gaining references. A DBS check helps employers make safer recruitment decisions.
- The registered manager told us they considered staff strengths and abilities when planning the rota. This was to ensure staff had the right skill mix to meet people's needs.
- Staff told us there were enough staff to meet people's needs during the day which was confirmed by our observations.
- However, some staff told us they felt more staff could be on shift at night to better meet people's needs and this was confirmed by our observations. We saw that people who wished to rise early were left in one position, without stimulation, for a long period of time. For one person who rose early, to mitigate the risk of falls, their care plan instructed that staff monitor the person at all times when in communal areas; our observations showed this did not happen.

Using medicines safely

- Records showed that people received their medicines as prescribed. However, some improvements were required to the management of people's medicines.
- Oral medicines were stored securely, however, we found that there were risks around the potential access to topical medicines stored in people's rooms risking accidental ingestion. Shortly after the inspection the manager confirmed they had taken action to ensure these medicines were properly secured.
- There was information available to staff to help them to give people their medicines consistently and appropriately. There was person-centred guidance on how people preferred to have their medicines given

to them. Written guidance for medicines prescribed on a when required basis (PRN) was available for all medicines prescribed in this way. However, at the time of inspection the home did not have in place pain assessment tools to assist staff in giving people who were unable to tell them about their pain, their PRN pain-relief medicines appropriately and consistently.

- Regular checks of medicines and their records were carried out to ensure this. Staff authorised to give people their medicines had received training and had been assessed as competent.
- People had their medicines regularly reviewed by prescribers.

Learning lessons when things go wrong

- Whilst the service had demonstrated improvements in areas of concern found at the last inspection, we found additional concerns in other areas of the service.
- However, the registered manager demonstrated they were keen to improve the service and they took swift action in response to the inspection findings.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse.
- Staff had been trained in safeguarding people and could demonstrate, through discussion, the actions they would take if they had any safeguarding concerns. They told us they had confidence that the registered manager would act appropriately on any concerns they may raise.
- Safeguarding information was available to staff and we saw examples of where the service had appropriately raised concerns with the local authority safeguarding team.
- The relatives we spoke with told us they felt their family members were safe due to the kind and caring approach of the staff. One relative said, "[Family member] is safe, looked after. Staff are caring towards them." Another relative said, "Staff are careful, and they look after [family member] well."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Whilst people's needs had been assessed holistically and thoroughly, outcomes for people were not consistently effective, specifically for those people that liked to rise early in the morning. For example, whilst night staff were busy assisting people to rise, we saw that people already up were sat for many hours in the same position without stimulation.
- For others, outcomes were good, and this was confirmed by the relatives we spoke with. One relative told us, "[Family member] is happy there, small home with lovely staff who know [family member's] needs well." Another relative said, "[Family member] is safe, looked after, staff are caring towards them; they are good. [Family member] seems better in appearance."

Adapting service, design, decoration to meet people's needs

- At our last inspection we identified concerns about the environment and these concerns continued to be found at this inspection.
- Whilst people's bedrooms were personalised, we found a lack of decoration and objects to assist people with orientation and decoration could be improved to better assist people with cognitive impairments.
- The home was an adapted period building that lacked outdoor space meaning people had limited access to the outdoors, particularly throughout the pandemic. However, the home was situated in a seaside resort meaning there was vast outdoor spaces available to them but with assistance of staff.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At our last inspection the provider had failed to adhere to the MCA. This was a breach of Regulation 11 (Need

for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- Where a person's capacity to make a specific decision was in doubt, the service had assessed this in line with the MCA and recorded their findings.
- Best interest decisions had been made with appropriate people such as relatives being part of those discussions and decisions.
- Where others held legal authority to make decisions on behalf of people who used the service, copies of legal documents were kept on file and appropriate actions taken.
- The service had applied for DoLS as appropriate where they felt they were depriving a person of their liberty in their best interests.

Staff support: induction, training, skills and experience

- The people who used the service benefited from care and support being delivered from staff who had been inducted, trained, supported and monitored to ensure they were skilled and competent
- The relatives we spoke with had confidence in the abilities of the staff and this was confirmed by our observations. One relative said, "Staff are certainly using their own professional skills" whilst another told us, "Staff are kind and attentive and happy to put your mind at ease. [Family member] has complete confidence in the staff and tells me they know what they are doing."
- Staff demonstrated knowledge in their roles through observations and discussion and told us they were regularly and appropriately supported. One staff member said of the registered manager, "They always try to help." All the staff we spoke with agreed.
- Records showed that staff received regular training, supervisions and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met.
- The relatives we spoke with had no concerns about the service meeting their family members nutritional needs. They told us they always saw fluid available, that alternative food options were offered, and that staff were good at encouraging people to eat. One relative told us the service managed their family member's specific diet well.
- The service monitored people's weight, and this showed consistent weights were maintained. Where concerns had been identified, actions had been taken in response.
- Where the service recorded people's nutritional intake, documentation showed this was completed fully and consistently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access a variety of healthcare services including the GP, opticians, district nurses, the hospital and chiroprapist.
- The relatives we spoke with confirmed regular access to healthcare was in place and gave examples of where the service had assisted their family members with health care issues.
- Records showed that the service liaised with other professionals as required and followed recommendations.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have effective governance systems in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remains in breach of Regulation 17.

- The governance system the provider had in place to assess, monitor and improve the quality and safety of the service had not been fully effective at identifying and rectifying concerns.
- Although monthly monitoring audits had identified that hot water temperatures were of unsafe levels, no action had been taken in response putting people at risk of harm.
- Safety checks on people's rooms were completed monthly but had failed to identify unstable furniture at risk of injuring people should they fall on them. The regular safety checks had also failed to identify window restrictors that were not fit for purpose.
- Identified mitigating control measures relating to heated surfaces had not been fully implemented and the provider's governance system had failed to recognise this.
- The registered manager and provider had delegated some monitoring checks to other members of staff. However, this system had failed due to poor management oversight.
- The management team had failed to implement relevant nationally recognised guidance relating to the management of COVID-19.

The above concerns constituted a continued breach to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their role and responsibilities and demonstrated, through discussion, knowledge in their regulatory responsibilities.
- The provider had made some improvements in areas highlighted as concerns at our last inspection. This included in the analysis of accidents and incidents, provider oversight and reporting safety events to CQC. However, there continued to be shortfalls.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The relatives we spoke with had mixed opinions on how involved they felt in their family member's care and some reported better communication with the service than others. This was fed back to the registered manager who responded promptly and put measures in place to address the concerns.
- The service held meetings for staff and those people that used the service in order to engage in conversation, impart information and seek feedback. All the staff we spoke with told us they found meetings helpful and informative and felt able to contribute.
- The service had recently sought people's views through a survey, and we saw that most of the feedback was positive. Although the survey results had not been analysed at the time of the inspection site visit, the registered manager completed this shortly afterwards and provided us with a copy.
- Staff told us the registered manager listened to feedback and tried hard to rectify any concerns they may have. Staff told us they had confidence in the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service that benefited those people that used it.
- The relatives we spoke with told us staff were attentive, happy and caring and that they were always made to feel welcome. They told us the home was managed well.
- Staff agreed that the culture within the home was nurturing, happy and supportive and that it was a good place to work. Staff told us they felt valued and listened to. One staff member said, "Everyone is happy". Staff agreed that there was good teamwork in place, and this was observed at our inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour requirement.
- Most of the relatives we spoke with told us the service kept them well informed about their family member's status including when things went wrong. Relatives gave us examples of this that demonstrated the service were open and transparent in their approach.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe premises and infectious diseases. Regulation 12 (1) (2)(a)(b)(d)(h)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have systems and processes in place that assessed, monitored and improved the quality and safety of the service. Regulation 17 (1) (2)(a)(b)(f)

The enforcement action we took:

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