

D Tanna and K Tanna

St Aubyns 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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 12 February 2015 and was unannounced. At our last inspection at the home, 01 October 2013, we found the provider needed to make improvements relating to the management of medicines, monitoring the quality of the service and records relating to people's care needs. The provider sent us an action plan on the 7 November 2013. They told us they had amended the homes procedures for the management of medicines and there were new systems in place to auditing records and the quality of care and support people received. At this inspection we found that medicines were appropriately managed and people were

receiving their medicines as prescribed by health care professionals. There were appropriate arrangements in place for monitoring the quality of the service that people received and accurate records relating to people's care and support needs were being maintained.

St Aubyns Nursing Home provides accommodation and care for up to 39 older people, some of whom have dementia. At the time of this inspection the home was providing care and support to 29 people. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality

Summary of findings

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 using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Risks to people using the service were assessed; care plans and risk assessments provided clear information and guidance for staff on how to support people with their needs. People and their relatives [where appropriate] had been involved in planning for their care needs. People were being supported to have a balanced

diet. People received appropriate end of life care and support. When necessary additional support was provided to the home by a local hospice end of life care team.

There was a monthly residents and relatives forum where people were able to talk to the manager and provider about the home and things that were important to them. The provider took into account the views of people using the service and their relatives and staff through surveys. The results were analysed and action was taken to make improvements for people at the home. There was a range of appropriate activities available to people using the service to enjoy. People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Staff said they enjoyed working at the home, they received plenty of training and good support from the manager. Unannounced spot checks were carried out by the manager to make sure people received good quality care at all times.

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. Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures.

There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

Good



Is the service effective?

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People's care records included assessments relating to their dietary needs and preferences and they were being supported to have a balanced diet.

People had access to a GP and other health care professionals when they needed it.

Good



Is the service caring?

The service was caring. Staff spoke to people using the service in a respectful and dignified manner. People's privacy was respected.

People were consulted about and involved in developing their care plans. There were arrangements in place to meet people's end of life care needs.

There was a residents and relatives forum where people were able to talk to the manager and provider about the home and things that were important to them.

People were provided with information about the home and they were aware of the services and facilities available to them.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Records appropriate to people's care and support needs were being maintained.

People were provided with a range of appropriate social activities.

People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Good



Summary of findings

Is the service well-led?

The service was well-led. The provider monitored the quality of care and support that people received. They took into account the views of people using the service and staff through surveys. There were appropriate arrangements in place for monitoring the quality of the service that people received.

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

The manager carried out unannounced spot checks to make sure people received good quality care.

Good



St Aubyns 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 unannounced inspection was carried out on the 12 February 2015. The inspection team consisted of two inspectors. Before the inspection we looked at the information we held about the service including notifications they had sent us. We spent time observing the

care and support being delivered. We spoke with seven people using the service, the relatives of four people, six members of staff, the deputy manager and the manager. We looked at records, including the care records of five people using the service, five staff members' recruitment and training records and records relating to the management of the service. We also spoke with a GP and a visiting physiotherapist and asked them about their views about the home.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection on 1 October 2013 we found that the provider did not have appropriate arrangements in place to manage medicines effectively. Following that inspection we asked the provider to make improvements on how medicines were managed. The provider sent us an action plan on the 7 November 2013. They told us that had amended the homes procedures for the management of medicines. At this inspection we found that improvements relating to the management of medicines had been made.

Medicines were administered safely. During this inspection we observed that medicines were being administered correctly to people by nurses. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. We spoke to a nurse about how medicines were managed. They told us that only trained nurses could administer medicines to people using the service. We looked at a medicines folder. The folder was easy to follow and included individual medicine administration records (MAR) for each person using the service, their photographs, details of their GP, information about their health conditions and any allergies. The folder also included the names, signatures and initials of nursing staff qualified to administer medication. The MAR were up to date and accurate and our checks confirmed that people were receiving their medicines as prescribed by health care professionals.

Medicines were kept safely. Medicines were stored securely in a locked trolley in the home's office. Staff told us and we observed that a senior nurse held the key to the medicines trolley. Medicines that needed to be kept cool were stored appropriately in a locked refrigerator in the office. These medicines were in date and stored correctly. The temperature in the refrigerator was being checked and recorded on a daily basis by the nurse in charge.

There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use. These were recorded in a register and stored in a secure controlled drugs cupboard. We saw a medicines audit had been undertaken by an external pharmacist in April 2014. Medicines' audits had also been undertaken by the manager and a senior nurse on a regular monthly basis. Medicines were disposed of appropriately. An external company collected any unwanted medicines and disposed of them safely. The home had medicines

policies, procedures and guidance in place for staff to refer to. We saw that these policies and procedures had been reviewed in September 2014. This meant staff had up to date information to assist them in carrying out their duties safely in regard to medicines and administration procedures.

People using the service told us that they felt safe and that staff treated them well. A relative said "I think my mum is pretty safe here because there are always plenty of staff around. There is no risk of her being bullied and no-one here is aggressive."

The manager told us they were the safeguarding lead at the home. The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager said the home's policy was used alongside the London Multi Agencies procedure. We saw a safeguarding adult's flow chart located in the staff room. This included the contact details of the local authority safeguarding team and the police and provided guidance for staff for taking action in the event of an allegation of abuse. We spoke with the manager and four members of staff about safeguarding. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. One member of staff said, "I have never had to report anything but I would report any concerns to the nurse in charge or the manager. The manager would tell the Care Quality Commission and the local authority." The manager told us they and all staff had attended training on safeguarding adults from abuse. Staff training records we looked at confirmed this.

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of five staff that worked at the home. We saw completed application forms that included references to their previous health and social care experience, their qualifications and their full employment history. Each file included two employment references, health declarations and proof of identification. The manager showed us evidence that criminal record checks had been obtained for all of the staff that worked at the home.

People using the service, their relatives and staff told us there was always enough staff around to meet people's needs. Staff said if they were short of staff they would

Is the service safe?

inform the manager they would get more staff in. The home had a call bell system and we saw that people who could not easily move from their bed or chair had call bells within their reach. During the inspection we tested two call bells. On each occasion staff responded quickly. We observed a good staff presence and staff were attentive to people's needs. One person using the service said "There is always somebody around when I need them." Another person said "When I use the call bell they get here pretty quickly." The manager said staffing levels were assessed on a weekly basis and arranged according to people's needs. They said if people's needs changed additional staff cover was arranged.

There were arrangements in place to deal with foreseeable emergencies. The manager showed us personal emergency evacuation plans for all of the people using the service. Staff said they knew what to do in the event of a fire. They told us there were regular fire drills, so they were reminded about their roles in such an event. Staff training records confirmed that staff received regular training on fire safety. People had risk assessments in place relating to, for example, moving and handling, falls and their dietary needs. These had been reviewed on a monthly basis.

Is the service effective?

Our findings

People using the service and their relatives told us they were happy with the care provided. A visiting relative said, "The care here is very good, everybody is very kind and caring." A person who was visiting their friend said, "Before my friend came to live here they were underweight. Since moving in their weight has been monitored by the staff. They are encouraged to eat healthy food. They have gained weight and they are much happier and healthier." It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well.

We spoke with four members of staff about training supervision and annual appraisals. They all told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. They received supervision from the manager and had an annual appraisal of their work performance. We looked at the personnel files of five staff. We saw that each had completed an induction programme and training the provider considered mandatory. Mandatory training included safeguarding adults, health and safety, moving and handling, fire safety and food hygiene. Staff had also completed training on other topics such as the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), diet and nutrition, dementia, infection control, wound management and diabetes. One member of staff said, "I am up to date with all my training. I think we get plenty." Another said, "The training is excellent. It really helped me to understand people, what they need and what we can do to help them." Most staff had completed accredited qualifications relevant to their roles within the home. For example care staff had completed qualifications in health and social care and kitchen staff had qualifications relating to food and hygiene. The deputy manager told us that all staff were enrolled on the relevant courses once they had passed their probationary period.

The manager demonstrated a clear understanding of the MCA and the DoLS. They said that most people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where the manager had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives [if

appropriate], and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. The manager told us that, since the recent supreme court judgement in respect of DoLS, they had made twenty applications to the local authority [supervisory body] to deprive people of their liberty. At the time of our inspection we noted that three DoLS applications had been authorised and the others were being processed by the local authority. We saw that all of the paperwork was in place and kept under review and the conditions of the authorisations were being followed.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People told us they liked the food provided at the home. One person said "The food is very good, we have a good choice." Another person said, "Food here is very good, especially the chicken in black bean sauce." Another person said, "There are always fruit and hot drinks available for us."

People's care plans included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs. Care plans included information relating to people's dietary needs for staff to refer to. For example, we saw risk assessments had been completed for malnutrition and there was guidance for staff to follow for supporting people who had difficulty swallowing. One person who was resting in bed after lunch told us, "I like to eat my lunch in the dining room with everybody and then rest in bed afterwards, the staff know that and we are all happy." We saw pre prepared meals were supplied by an external company and heated up at the home. The manager informed us that staff had undertaken food service training with the food supplier in September 2014. Kitchen staff served meals to people according to their dietary requirements and choices. The manager and kitchen assistant showed us the menu planner which listed each person and any dietary needs they had for example, a requirement for a soft or fortified diet and size of portion.

We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some ate independently. The atmosphere in the dining room was relaxed and not rushed and there was plenty of staff to assist people when required. Some people preferred to eat their meals in their rooms. We saw that

Is the service effective?

they received hot meals and drinks in a timely manner. We saw that people were also provided with drinks and fresh fruit and snacks throughout the day and these were available in the lounge.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. The manager told us a GP visited the home once a week or when required to attend to people's needs and the GP confirmed this. They said staff were caring, knowledgeable and provided safe care. People also had access to a range of visiting health care professionals such as dentists,

physiotherapists, opticians and podiatrists. During the inspection we met and spoke with a physiotherapist who told us they visited people twice weekly. They said they assessed people needs that were new to the home in areas such as moving and handling and rehabilitation. They also held exercise sessions and provided one to one physiotherapy when necessary. The physiotherapist said, "This is one of the best home's I visit. People are happy here and they are safely looked after." People's appointments with health care professionals were recorded in all of the care files we looked at.

Is the service caring?

Our findings

People using the service and their relatives told us staff were kind and caring. One person told us, “The staff are so kind here.” Another person said, “I like living here.” A relative said, “Overall I am very happy with the care my mum receives here. The staff are kind and caring and they treat mum with dignity and respect.” Another relative said, “I am very happy with the care and support my relative gets. It’s like one big happy family here.” A member of staff said “I treat the people living here as I would expect my family to be treated.”

Two of members of staff told us they had worked at the home for over fifteen years. They said many of the other staff had been there a long time too. One said “It’s good to have team members you can rely on. We all know each other really well and we all know the people who live here. More importantly the people who live here all know us well.” The other member of staff said “We have a very experienced staff team who know how to look after the people that live here.”

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Staff respected people’s choice for privacy as some people preferred to take their meals in their own rooms. We saw staff sitting with people engaged in meaningful conversations. They were aware of the need for confidentiality and we saw them speak quietly with people about the support they needed. Some people were having visits from friends and family members. People were well presented and looked clean and comfortable. They and their relatives and staff all appeared comfortable and relaxed in each other’s company.

Where people needed support with personal care staff ensured their privacy by drawing curtains and shutting doors. Staff addressed people by their preferred names,

which we noted was recorded in people’s records. Staff told us they tried to maintain people’s independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff said “My aim here is to encourage people to do as much for themselves as they can. I enjoy engaging with people, for example, just chatting, playing games or reading with them.”

People were provided with appropriate information about the home in the form of a statement of purpose booklet. We saw a copy of this in people’s bedrooms. The booklet ensured people were aware of the aims of the home, the complaints procedure, the fire safety procedure and the services and facilities available in the home. The booklet also advised people on how they could obtain a copy of the Care Quality Commission inspection report.

People using the service and relatives told us they had been consulted about their care and support needs. One person told us, “I know I have a care plan and I know what’s in it. The staff know what to do to help me.” A relative said “My mum has a care plan. The nurses go through it with me every month and I can tell them what my mum needs or if I think there are any changes that need to be made.” We saw that discussions with family members relating to people’s care and support needs had been recorded in all of the care files we looked at.

People received appropriate end of life care and support. In one person’s care folder we found an end of life care plan had been completed by the person who used the service, their relative and staff. The deputy manager told us that a local hospice end of life care team had been liaising with relatives and supporting this person with pain management. We saw records of this team’s visits had been recorded in the person’s care file. We found Do Not Attempt Resuscitation forms in all of the care files we looked at. These had been fully completed and signed by the people who used the service recording their preferences, their relatives [where appropriate] and their GP.

Is the service responsive?

Our findings

At our last inspection we found that people were not always protected from the risks of unsafe or inappropriate care and treatment because accurate records had not always been maintained. Following that inspection we asked the provider to make sure people's care records were maintained. The provider told us in their action plan that the homes record keeping policy had been discussed with staff during supervision and there were new systems in place to audit records related to the care and treatment of people using the service. At this inspection we found records appropriate to people's care and support needs were being maintained.

People using the service said the staff were responsive to their needs. One person told us, "My suggestions are listened to by the staff. If I need anything I just ask and they help me."

We looked at five people's care plans. These were well organised, easy to read and accessible to staff. We saw that people's health care and support needs were assessed before they moved into the home. The manager told us that people's care plans were developed using the assessment information. The care plans included detailed information and guidance to staff about how people's care and support needs should be met. They contained information about people's medical and physical needs. For example, the equipment they needed to ensure safe moving and handling. The care plans included information such as how people would like to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests. The care files also included risk assessments and other documentation such as personal profiles and Mental Capacity Act (2005) and Deprivation of Liberty Safeguards assessments. All of the care plans we looked at had been reviewed by staff within the last six months. We saw daily notes that recorded the care and support delivered to people.

A senior nurse showed us a daily handover sheet used at the home. They said this ensured people received continuity of care. A member of staff confirmed there were hand over meetings where they shared any immediate changes to people's needs. They said handover meetings were also used to make sure that all of the care staff were aware of any new admissions and their care needs.

People's diversity, values and human rights were respected. People's religious needs and preferences had been recorded in their care plan. One person using the service told us a Catholic priest visited the home on a regular basis and another person told us that the local Church of England vicar would visit to give communion if required. This was confirmed by the deputy manager.

People using the service said their views and opinions were valued by staff. We saw that a resident's forum [meeting] took place on a monthly basis. The minutes from these indicated they were fairly well attended by people using the service, their relatives, staff, the manager and the provider. We spoke with a person using the service who was chair of the resident's forum. They said people's opinions and suggestions were listened to and where possible action was taken by staff and management. For example, the home was due to be redecorated and people's opinions had been sought over colours and flooring samples. We noted the forum minutes were placed in people's bedrooms to read at their leisure.

People told us they enjoyed the activities provided at the home. During the morning we saw some people sitting quietly reading daily newspapers and some people watching television aided by subtitles. There was a computer available with a large mouse and keyboard in a quiet lounge for people to use if they wished to. We observed some people taking part in a game of snooker. They appeared to be fully engaged and enjoying this activity. We saw a poster of an upcoming Valentine's day meal and people said they were looking forward to this event. The chair of the resident's forum told us the local church choir came to the home to sing hymns on the last Friday of every month which people who attended really enjoyed. We spoke with the activities coordinator. They along with the chair of the resident's forum showed us a weekly plan of activities. The plan included activities such as carpet bowling, snooker, cake making, bingo, cards, darts and one to one sessions such as manicures and massages. The coordinator told us they spoke with people every Friday to ask them what activities they would like to take part in. Where they could they would arrange activities depending on their suggestions. One person said "I like to play bingo on a Thursday." A relative said, "There is always something going on here." Another relative said, "People are never left sitting with nothing to do."

Is the service responsive?

A complaints system was in place and details of how to make a complaint were displayed on notice boards in communal areas throughout the home. The complaints procedure was also included in the statement of purpose booklet. People said they knew about the complaints procedure and said they would tell staff or the manager if they were not happy or if they needed to make a complaint. Relatives also said they knew how to make a complaint if they needed to. They all said they were confident they would be listened to and their complaints

would be fully investigated and action taken if necessary. A relative said, "I have never seen anything I needed to complain about but if I did I would speak to the manager and I know they would sort things out."

The complaints file included a copy of the complaints procedure and forms for recording and responding to complaints. The manager told us they had not received any complaints however if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout. The manager said they were required to notify the provider of any complaints received by the home.

Is the service well-led?

Our findings

At our last inspection we found the provider did not have systems in place to audit the quality of care and support people received. Following that inspection we asked the provider to make improvements on how they monitored the quality of care and support people received. The provider told us in their action plan that new systems for auditing the quality of care and support people received had been put in place. At this inspection we found the provider was monitoring the quality of care and support people received.

The manager showed us records from regular quality monitoring audits that were being carried out at the home. These included health and safety; nutrition, incidents and accidents, falls, complaints, staff training, infection control, medicines and care file audits. They showed us a completed self-assessment report that monitored the homes compliance with the Care Quality Commission regulations. The report included an improvement plan with dates for action. We saw that actions had been completed within these dates. For example, staff training, improving the décor of the home and purchasing a new washing machine had all been carried out as a result of the audit findings. The manager carried out unannounced spot checks at the home. They showed us a report from a night time spot check and said they carried these out to make sure people were receiving good quality care at all times. We saw that incidents and accidents were discussed with staff at handover meetings. The deputy manager provided us with a recent example where an incident had occurred at the home. A meeting was held with staff and measures were put in place to reduce the risk of the incident happening again.

The home had a registered manager in post. They took over as manager in August 2014 and registered with Care Quality Commission in February 2015. They said they, the provider and the deputy manager had recently attended training on the Care Quality Commission's new method of inspection. They told us they had discussed this with staff so they could better understand the role of the Commission.

Staff told us they were well supported by the manager and the provider. There was an out of hours on call system in operation that ensured that management support and advice was always available when they needed it. Staff said there was a whistle blowing policy and they would use it if they needed to. One member of staff told us "The manager has an 'open door' policy. I can talk to them or the provider any time I want to and I will be listened to." Another staff member said, "I get good support from the manager, their door is always open." Another said, "I like working here. We all work together as a team. The staff are well trained and we are all here for one purpose and that is to show caring and compassion and provide people with quality care and support." Another member of staff told us "The manager is very experienced and supportive. We also get good support from clinical lead nurses. We get a lot of positive feedback from people using the service and their relatives, most tell us it's very good here, and that is motivating."

The provider took into account the views of people using the service, their relatives and staff about the quality of care provided at the home through surveys. The manager said they used the feedback from the surveys to make improvements at the home. They showed us a report from a residents and relatives survey carried out in September 2014. This indicated that 96.5% of people that completed the survey said they were satisfied with the service provided at the home. 3.5% of people that completed the survey said they were not satisfied. This dissatisfaction related to the décor and flooring at the home. Following the survey people were provided with a plan of redecoration to be completed at the home. They were invited to attend a resident's forum to discuss colour schemes and new flooring with the provider and the manager. The deputy manager told us the provider visited the home at least once a week to meet with the manager, talk with people using the service and staff and to make sure everything was running well. The chair of the resident's forum confirmed that the provider regularly visited the home and they always attended the resident's forum.