

St Anselm's Nursing Home

St Anselm's Nursing Home

Inspection report

St Clare Road
Walmer
Deal
Kent
CT14 7QB

Tel: 01304365644

Website: www.stanselmsnursinghome.co.uk

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Ratings

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

Summary of findings

Overall summary

About the service

St Anslem's Nursing Home is a residential care home providing personal and nursing care to up to 26 people who have mental health needs. At the time of our inspection there were 24 people being supported in one large adapted building.

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

The service had improved since the last inspection. However, medicines were still not managed safely, some people had not received their medicines as prescribed. Medication audits had been effective in identifying shortfalls, but action taken had not rectified them.

Checks and audits were now completed on all areas of the service including the environment. Accidents and incidents had been recorded and analysed to identify any patterns and trends. These checks had been effective in driving improvement within the service including clinical practice and environmental safety.

The environment had been improved. Carpet had been replaced with washable flooring throughout the corridors, communal areas and some bedrooms.

Staff were now recruited safely, and there were enough staff to meet people's needs. People were protected from discrimination and abuse. Staff understood their responsibility to report any concerns they may have.

Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate the risks. People were referred to healthcare professionals when their needs changed.

Relatives told us their loved ones were safe and received person centred care which improved their wellbeing.

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.

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 (published 26 April 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained 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

We carried out an unannounced comprehensive inspection of this service on 1 April 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, premises and environment, good governance and fit and proper persons employed.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Anselm's Nursing Home on our website at www.cqc.org.uk

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.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement



St Anselm's Nursing 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 Health and Social Care Act 2008.

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 was completed by one inspector.

Service and service type

St Anselm's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. St Anselm's Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with two people who were happy to speak to us about their experience of living at the service. We observed staff interactions with people in the communal areas. We spoke with seven members of staff including the registered manager, the provider, administrator, nurse, senior carers and care staff.

We reviewed a range of records. This included four people's care plans and all the medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. 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.

Managing medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medicines were not always managed safely. Medicines administration records (MAR) charts were not accurate, staff had not always signed to confirm medicines had been administered. We checked the number of tablets available, there were extra tablets in the boxes. People had not consistently been given their medicines as prescribed. The number of tablets available were not recorded accurately.

The provider had failed to ensure the proper and safe management of medicines. This is a continued breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us an action plan and had put a new system in place for counting tablets daily.
- Previously, we observed medicines had not been administered safely. At this inspection, we observed nursing staff administering medicines following best practice. Liquid medicines stored in bottles had been dated when opened to make sure they are only used while effective.
- At the last inspection, hand written directions had not been double signed to confirm it was correct. Analgesia patches had not been changed as prescribed and medicated shampoos had not been stored safely. At this inspection, these shortfalls had been rectified.

Staffing and recruitment

At our last inspection the provider had failed to operate recruitment procedures effectively to ensure persons employed met the conditions in the regulations. This was a breach of regulation 19(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 19.

- At the last inspection, staff had not provided a full employment history and references had not been

requested from previous social care employment. Staff were now recruited safely. Staff had completed an application form with a full employment history. References had been requested from previous social care employment.

- At the last inspection, evidence a Disclosure and Barring Service (DBS) criminal records check had been completed was not in staff recruitment files. Evidence of the results of DBS checks were now in the recruitment files.
- There were enough staff to meet people's needs, the number of staff were calculated according to people's needs. Staff covered sickness and annual leave where possible, including the registered manager and provider. Regular agency staff were used when other cover could not be found.
- Relatives told us they thought there were enough staff. One relative told us, "There is always someone in the lounge or dining room making sure they have what they need." Staff told us there were enough staff, "We work together as a team, there is always someone with people in the lounge, to keep them safe." We observed staff spending time with people, chatting and laughing with them.

Preventing and controlling infection

At our last inspection the provider had failed to make sure premises were free from odours that are offensive or unpleasant. This was a breach of regulation 15(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 15.

- At the last inspection there was a strong smell of urine around the building. The odour was apparent in the main reception, communal lounge and corridors. At this inspection the flooring had been replaced in all these areas with washable vinyl flooring. There were plans to continue to replace the rest of the flooring in the service. There was no longer an odour within the service, staff told us how easy it was to clean the flooring. Relatives told us there had been an improvement in cleanliness since the change in flooring.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 using PPE effectively and safely.
- 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.
- Relatives told us they were supported to visit the service safely. Visitors were asked to provide a negative Covid-19 test to enter the service. Visits were held in the conservatory; visitors could enter the conservatory from the garden, and they were asked to wear masks. When people were cared for in bed, visitors spent time in the person's room.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the provider had failed to assess, monitor and improve the safety of the services provided. This was a breach of regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 17.

- At the last inspection environmental risks and risk assessments had not been reviewed and updated since 2015. At this inspection, environmental risk assessments had been reviewed and updated. When shortfalls had been found action had been taken to rectify these.
- Previously, checks on equipment such as electrical items and hot water valves had not been recorded. There were now clear records to evidence the checks and the action taken when concerns were identified. For example, replacing a boiler when the water was not reaching the required temperature to kill legionella bacteria.
- At the last inspection, incidents and accidents had been recorded but had not been analysed to identify patterns and trends. The registered manager now completed a monthly audit and analyses of accidents and incidents. There was a record of the action taken and if it had been effective in preventing them from happening again. Records showed the action had been effective.
- Potential risks to people's health and welfare had been assessed and staff had detailed guidance to mitigate the risk. Some people displayed behaviours that may be challenging for others and staff. There was guidance for staff about the triggers and how to respond to them to reassure them and keep them calm.
- Some people had been assessed as being at risk of choking. They had been referred to the Speech and Language Therapist and there was guidance about how their diet and fluids should be prepared. Staff told us how they thickened people's fluids and supported them with their pureed diet. We observed people being offered diet and fluids as recorded in their care plan.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to keep people safe from abuse and discrimination. The registered manager understood their responsibilities to report concerns to the local safeguarding authority. The registered manager had reported concerns to the local safeguarding authority and taken action as required.
- Staff were able to describe the signs they would look for when people were being abused and the action they would take. They were confident the registered manager would take appropriate action if concerns were raised.

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 our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had failed to assess, monitor and improve the quality of care provided. The provider had failed to maintain accurate records. This was a breach of regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 17, however, further improvement was still required.

- At the last inspection, there was no consistent, meaningful and effective system to check the quality of the service. At this inspection, checks and audits had been completed on all aspects of the service including pressure areas, equipment and medicines. When shortfalls were found there was a plan put in place to rectify the shortfall. The monthly medicines audits had identified shortfalls, action had been taken and the errors had not been repeated. The last audit on 1 March 2022, identified nurses had not signed to confirm medicines had been administered and when checked medicines had not been given. The registered manager had spoken to the nurses about the shortfall; however, this had not been effective as the shortfall was still present at the inspection two weeks later.
- Following the inspection, we spoke with the provider who explained the actions they had taken to audit the medicines. The provider sent us an action plan that had been put in place following consultation with the pharmacist from the Primary Care Network. The provider had started to complete audits and tablet count downs to identify shortfalls quickly so they could be investigated, and appropriate action taken. We will check this at our next inspection.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

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

- There was an open and transparent culture within the service. The registered manager and provider had

worked with people and knew them well. The registered manager was able to describe the needs of people and how they were supported to achieve their identified outcomes. People were supported to go out and enjoy time in the community.

- Relatives told us that staff were very person centred in their approach. Staff listened to them and worked with them to identify how to support the person. One relative stated, "The staff discuss the care needed and this is looked at regularly. The staff know (name) so well." Relatives told us staff had been proactive making sure their relative attended the optician and dentist.
- Relatives told us they were comfortable to raise concerns with the registered manager. When concerns had been raised, they had been dealt with immediately. When medicines errors had occurred, the registered manager had informed relatives and explained the action that had been taken.

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

- Relatives told us, they had been kept informed of any changes during the pandemic and had been made welcome when they visited. One relative told us, "They ring if there are any changes, if there are any issues I can always talk to the manager and they will sort it out."
- People living at the service were not always able to answer questions about their experience living at the service. However, staff recorded their comments in their online care plans. These were reviewed during the inspection and were positive about their lives.
- Staff attended regular meetings to discuss practice, people's support and changes to government guidance. Staff were asked for their opinions. Staff told us the manager listened to their thoughts about the service and they felt involved.

Continuous learning and improving care; Working in partnership with others

- The registered manager had maintained contact with local forums throughout the pandemic. The registered manager had assessed their own training needs and had completed syringe driver training to be able to support people at the end of their lives.
- Student nurses from the local university had placements at the service. Feedback received had been positive and the registered manager told us it kept the trained staff up to date with current practice.
- The service worked with the local commissioning group and other health professionals to provide effective care.

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
Diagnostic and screening procedures	The provider had failed to ensure the proper and safe management of medicines. regulation 12(2)(g) Safe Care and Treatment.
Treatment of disease, disorder or injury	