

Blakeshields Limited

St Margarets Nursing Home

Inspection report

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Website:

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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 caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 14 August 2015 and was an unannounced comprehensive inspection. The last inspection took place on 29 July 2014. The service was meeting the requirements of the regulations at that time.

St Margaret's is a care home which offers nursing care and support for up to 28 predominantly older people. At the time of the inspection there were 28 people living at the service. Many of these people were living with dementia.

The service had a registered manager in post. 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 registered manager was not present at this inspection as they are also registered manager for another home in the organisation and were busy at that service on the day of this inspection.

We looked at how medicines were managed and administered. We found people had received their

Summary of findings

medicine as prescribed. Regular medicines audits were consistently identifying if errors occurred. However, we did find items in the medicines trolley that had been prescribed for people no longer at the service.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

The recruitment process was not always robustly followed. One new member of staff had not had two references requested from past employers prior to commencing work at the service. Staff were not always supported with their training requirements and supervision was not being provided according to the policy held at the service. Appraisals were provided for most staff and staff were supported by an induction programme when they began working at the service.

Risks to people were identified and assessed, however, advice and guidance for staff was not always clear for staff to follow. There were no emergency plans in place for individuals to advise staff of their specific requirements in the event of an evacuation.

Staff meetings had been held. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

Activities were provided although the activity coordinator was due to leave shortly after this inspection.

The registered manager covered two care homes in the organisation. The nurses ran the shifts and managed the care staff on a day to day basis. Although there was some administration time allocated to their shifts this was to update care plans and risk assessments. There was no one monitoring the training and supervision of staff at the service. The maintenance records and other documents held by the service were not accessible to us at this inspection as staff were not aware of where they were stored.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told 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 not entirely safe. Risks were not always managed safely.

Recruitment processes were not always robust.

Staff were aware of how to raise any concerns regarding potential abuse.

There were sufficient numbers of staff to meet people's needs.

Requires Improvement



Is the service effective?

The service was not effective. Staff training was not regularly updated and training records were not accurate.

Staff were not supported by regular supervision and the service did not follow the guidance set out in the supervision policy held at the service.

Care plans provided clear guidance for staff on how to support people's needs

Requires Improvement



Is the service caring?

The service was caring. Families were involved in their family members care if appropriate.

Staff were kind and caring.

Families views and experiences were sought at meetings.

Good



Is the service responsive?

The service was responsive. Care plans contained detailed accurate information for staff on how to support people well.

Some activities were provided for people.

People were able to raise concerns with the service if necessary. However, the procedure was not publicly displayed at the service for people to refer to if needed.

Good



Is the service well-led?

The service was not well led. The registered manager was responsible for two services in the organisation, since the registered manager at St Margaret's left in May 2015. They were not available at this inspection. Staff at the service were not able to find some information for this inspection.

Staff felt well supported by the nurses and management team.

Concerns identified at this inspection had not been identified through audit and monitoring processes prior to this inspection.

Requires Improvement



St Margarets 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 checked 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.

The inspection took place on 14 August 2015. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with four people who lived at the service. Not everyone we met who was living at St Margaret's was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with six staff and one visitor to the service.

We looked at care documentation for three people living at the service, medicines records for 28 people, two staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with three healthcare professionals, and two families of people living at the service.

Is the service safe?

Our findings

People and their families told us they felt it was safe at St Margaret's Nursing Home. Comments included; "Oh yes I am safe as houses here," "Staff are always lovely with me" and "I think (the person) is perfectly safe here."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. However, safeguarding adults training had not been updated for three nurses since 2013. One nurse did not have any safeguarding training recorded. According to the records, none of the care staff had received recent training updates on Safeguarding Adults and were not aware that the local authority were the lead organisation for investigating safeguarding concerns in the county. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. Staff who were undertaking the diploma in social care had attended recent safeguarding training as part of the course, this was not reflected in the training records. Staff told us they would report any concerns they had to the management of the service, but were not confident who to report to outside of the organisation. There was a policy available at the service regarding safeguarding adults and whistleblowing. However, staff were not clear on the whistleblowing procedure or the protection this gave them by law.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in most cases. For example one person had been identified as being at risk of developing pressure damage to their skin. There was a clear plan in place for staff stating, what times the person should be sat up in their chair and when they should be returned to bed. This person did not have any pressure damage to their skin at the time of this inspection.

However, another person, who was at risk of having low blood sugar, required to have this monitored regularly. There was guidance for staff stating the person's blood should be checked daily "after breakfast and record." We checked this person's records and found the guidance had been followed from the 17 July 2015 until 29 July 2015. There was an amendment on this record 21 July 2015

stating, "BGL B.D please." This meant staff should monitor the person's blood sugar twice a day. Other than one day when the person's blood sugar was regularly monitored due to concerns this guidance had not been followed. We asked the nurse about this who told us "I think it is twice a week now." The last record was for the 6 August 2015. This meant staff were not following guidance and were not clear about how to manage this particular risk.

There were no Personal Emergency Evacuation Plans (PEEPs) available for people living at the service. PEEPs advise staff of the specific action to be taken for each person in the event of an emergency evacuation, such as mobility aids required, medicine requirements and emergency contact numbers for family and professionals.

Recruitment systems were mostly robust and new employees underwent the relevant pre-employment checks before starting work. The recruitment policy stated new staff should have a Disclosure and Barring System (DBS) check and the provision of two references before commencing work unsupervised. However, one new staff file we reviewed contained only one reference. A second reference had been requested but not returned.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the service. This meant that any patterns or trends would be recognised, and could be addressed thereby reducing the risk of re-occurrence.

We looked at the arrangements in place for the administration and recording of medicines at the service. Medicines were held in a secure trolley which was stored in a locked medicines room. We were told by the nurse that the medicine stocks were checked daily. The contents of the medicine trolley had not been checked regularly and two items were found which were named for people who were no longer living at the service. The nurse on duty assured us this would be addressed immediately. We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. There were no gaps in these records. We saw staff had transcribed medicines for some people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of

Is the service safe?

potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use.

The service held medicines that required stricter controls. These medicines require additional secure storage and recording systems by law. We checked the records kept for these medicines against the stock held at the service and they tallied.

The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. This meant that any fault would be identified in a timely manner and the safe storage of medicines could be assured.

An audit trail was kept of medicines received into the home and those returned to the pharmacy for destruction. There were regular audits of the MAR to help ensure people always received their medicines as prescribed. However, the audit had not identified the two medicines that were found in the medicine trolley for people who no longer lived at the service.

The service carried out dependency assessments for each person at the service to ensure sufficient numbers of staff were available to meet their needs. The service had vacancies for two care staff at the time of this inspection. Staff told us they felt there were enough staff to meet people's care needs. However, all the staff we spoke with told us they felt there was not enough time for staff to spend time with people talking or reading to them. Staff also told us there was pressure on the staff team when there was short notice absences due to sickness. The service did not use agency staff but relied on the goodwill of existing staff members to cover these absences at short notice.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were five care staff supported by a nurse on the day of this inspection. Staff confirmed this was the usual staffing level. There were two staff who worked at night supported by a nurse. Shifts were from 7am to 7pm, or 7am to 2pm, 2pm to 7pm, with night staff working 7pm to 7am. Staff told us they felt they were a good team and worked well together.

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service. One visitor told us, “I am very happy I visit regularly. (The person) is very clean and eats well. Their room is lovely and the staff are very good, never seen anything that has concerned me.”

Following the inspection we spoke with visiting healthcare professionals who told us; “I have always found them (staff) very good, they communicate well with us” and “I have always had very good feedback from families who have people living there.” We also spoke with families of people who lived at the service, they told us; “They (staff) speak with me when they need to, they seem to deal things very well.”

The premises were in good condition with no malodours anywhere in the service on the day of this inspection. Shower rooms and toilets were clearly marked with pictures and bedroom doors had people’s names on. This provided some orientation to their surroundings for people who required this due to their dementia. There were no baths available at the service. We were told the service had not had any baths for some years, only showers, and people living at the service did not request to have baths. There was no evidence that people had been asked for their views regarding the provision of baths.

Staff demonstrated a good knowledge of people’s needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us they were provided with training. Training records were held on the computer and a paper copy was displayed on the wall of the office. However, these records were not accurate and had not been monitored regularly. The night staff were not recorded on the training matrix. They showed staff were due updates and these had not always been arranged.

The MCA provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The service considered the impact of any restrictions put in place for people that might need to be

authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for when someone may be considered to be deprived of their liberty had changed. The staff at the service on the day of our inspection were not aware of the most recent criteria and had not taken it into account when assessing if people might be deprived of their liberty. We were told it had not been necessary for the service to make applications to the local authority for authorisation of potentially restrictive care plans.

Only one member of the nursing team had attended Mental Capacity Act 2005 (MCA) training in 2013. There were no records for staff having attended the associated Deprivation of Liberty Safeguards (DoLS) training since 2010. The service did not hold a policy for the MCA and DoLS for staff to refer to if required. The Code of Practice for the MCA and DoLS was not available at the service. Staff we spoke with were not clear on this legislation.

The service cared for people who were living with dementia. Two care staff were recorded as having attended dementia care training in 2014. Annual moving and handling updates had not been provided for 18 care staff. Two nurses had not received moving and handling updates since 2013. Three staff from the domestic and catering team had not had fire safety training since 2013 according to the records. No infection control training had been attended by four domestic and catering staff, and two had not had updates since 2013. Health and safety training of staff is a legal requirement for all providers. No staff had received such training since 2013.

Of the six nurses working at the service who were named on the training records, three had no recorded updates of safe handling of medicines, and the remaining three nurses had not attended an update since 2013. One nurse was recorded on the matrix twice. One care worker, who we were told checked medicines that required stricter controls with the nurses had ‘N/A’ (not applicable) against their name for safe handling of medicines training, and had not received appropriate training. The medicines policy stated,

Is the service effective?

'Care staff are not health professionals and therefore must have appropriate training to enable them to become competent in the administration of medicines.' This guidance was not being followed.

The nursing team provided supervision for the care staff and the nurses were supervised by the management team. Although most staff had received appraisals in the last year, staff did not receive regular supervision in accordance with the policy held by the service. The policy stated staff should receive supervision every eight weeks. The regular supervision of staff was not being monitored. The staff at the service on the day of this inspection were unable to provide any records of supervision that had taken place in 2015. However staff told us they felt well supported by the nurses and the management team in the organisation and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. We were told new staff were given an induction pack to complete in the first few months of working at the service. New staff confirmed they spent time shadowing experienced staff before working alone. New staff were placed on a national training programme once they began working for the service. The new Care Certificate replaced the Common Induction Standards since April 2015, the staff at the service on the day of this inspection were not aware of the change that had taken place with regards to the support of new staff since April 2015. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

This is a breach of Regulation 18 of the Health and Social Care Act 2005 (Regulated Activities) 2014

In care files we saw there was specific guidance provided for staff. For example one person's care file stated they would sit with their eyes closed most of the time. The staff were advised to, "Always approach (the person) in a calm

manner, speak clearly, touch on the arm to gain attention when eyes are closed." In this person's file there was specific information for staff regarding the 'clinical management of advancing dementia and all aspects of care needs.' This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

We observed the lunch time period. Some people ate in the dining area. Many people ate in the seats in which they had been sat during the morning. We saw staff supporting people with their meals as required. The food looked appetising and was well presented. People told us, "The food is nice" and "I have no problem with it."

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes and ensured their dietary requirements and preferences were met. The cook had attended a food hygiene training course recently. The kitchen had been awarded a three star rating following an inspection by the environmental health agency three months prior to this inspection. The actions required following this inspection had not been carried out due to shortage of kitchen staff availability and support. We noted the fridge temperatures had not been recorded since 20 July 2015. This did not ensure any fault with the fridge would be noticed in a timely way and did not ensure any risks to the safe storage of food at the service were reduced.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. No food and fluid charts were being kept at the time of this inspection.

People had access to healthcare professionals including GP's, opticians, tissue viability nurses and chiropodists. Care records contained records of any multi-disciplinary notes.

Is the service caring?

Our findings

Not everyone at the service was able to verbally tell us about their experiences of living at the service due to their healthcare needs. One person told us, “I am happy here I like it, they (staff) are kind.” Relatives told us they were involved in their family members care they told us, “I have seen (the person’s) care plan and am very happy with the care” and “(the person) is always immaculately clean” and “They (the domestic staff) manage their laundry 100% it all comes back in good condition.”

During the day of the inspection we observed care being provided by staff in a kind and caring manner. People’s dignity and privacy was respected. Care was provided in bedrooms with the doors closed, and people were spoken with in a discrete manner.

Some life histories were documented for people in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people’s backgrounds past lives. They spoke about people respectfully and fondly.

Bedrooms contained personal possessions that were important to people and people had things around them which were reminiscent of their past.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted. Staff were kind and respectful when supporting people.

Families told us they knew about their care plans and the staff would invite them to attend any care plan review meeting if they wished. We saw some families had signed their family members care plan, if appropriate, in agreement with the contents.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in gentle and understanding way. Staff were clear about people’s individual preferences regarding how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress.

We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

The service sought the views and experiences of families and residents at meetings held occasionally to discuss any matter relating to the running of the service.

Is the service responsive?

Our findings

Relatives told us they felt the staff communicated well with them when needed. We heard families ringing the service to check on family members and staff spoke knowledgeably to them about their relatives. Visiting healthcare professionals told us they had no concerns and staff called them appropriately and followed any advice given. There were times however, where the service did not answer the telephone when families and healthcare professionals were trying to contact the service. One family was told, "We don't have time to always answer the phone."

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. We saw evidence of pre-admission assessments including risk assessments of people's needs to ensure the home could provide the required level of care.

People were supported to maintain relationships with family. Visitors were always made welcome and were able to visit at any time.

Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and took account of any changes. No one living at the service had any pressure damage to their skin and no one required to be re positioned regularly at the time of this inspection.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. A handover sheet was also used to give the next shift relevant information on any actions that were required of the next shift.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

People had access to some activities both within the home and outside. An activities co-ordinator was present at the service at the time of this inspection, however we were told they were leaving soon. We heard staff interacting with one person, who liked to try to guess the name of each singer who sang the current song being played on the radio before it was announced at the end. This went on for some time and was greatly enjoyed by the person. There was an organised programme of events including regular trips out and visits from entertainers. On the day of the inspection a large vehicle came to take out several people on a mystery trip.

In addition to the organised events we saw people were supported by care staff to engage in activities when staff had the time and opportunity to do so. For example staff told us that people had been supported to help prepare their own tea one afternoon, by making sandwiches and decorating cup cakes. Staff told us this had been greatly enjoyed by those that were able to take part. However, we noted some people living at the service either chose or were not easily able to take part in activities due to their healthcare needs. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We did not see anyone engage with them, other than to provide care and support, during the day of this inspection. This meant some people were at risk of becoming isolated.

Staff present at the service on the day of this inspection were not able to produce any records of complaints or compliments that had been received by the service. We were told there had been compliments received and one concern raised with the service. After some telephone calls to the registered manager at the other service they managed, we were told the provider held these records. People and their families were provided with the complaints policy when they arrived at the service. However, there was no copy of this policy and procedure publicly available to people on any notice boards in the service. This meant people would not easily be able to access the information they required should they wish to raise a concern.

Is the service well-led?

Our findings

Family and visitors told us the staff at the service were approachable and friendly. Families we spoke with did not have any experience of dealing with the registered manager. The registered manager was not present in the home every day; they covered two care homes and split their time across the two services since the last manager left in May 2015. The registered manager was not available at St Margaret's on the day of this inspection.

Visiting healthcare professionals told us they were not aware of the split responsibilities of the registered manager and told us the nurses ran the service and were a good team. We were told the service was "Going through a good patch at the moment, it has had its ups and downs, but just now it is running well." During the inspection we met with the nurse on duty and the registered managers personal assistant. There was some difficulty in accessing the information we required for this inspection, due to the staff being unfamiliar with where things were kept at the service. We were not able to access some information including the records relating to the maintenance of the service as staff did not know how access the maintenance person's room whilst they were away from the service. It is important there are staff available at all time with an oversight of the service to allow them to access records as required.

We were advised the previous manager had removed certain documentation related to staff support and the running of the service when they had left their post. There was no deputy manager in post at the service. The nurses led each shift supported by the registered manager who was available for support at all times. The service had no clear leadership at the time of this inspection. The staff made several calls to the registered manager for information to support this inspection but we did not receive the information requested. The nurses led the care staff during their shifts and were responsible for the care of people at the service. The nurse had some administration time built in to their shifts to enable them to update care

plans and risk assessments. However, they did not have the resources to carry out other required administrative tasks such as monitoring the training and supervision needs of the staff and the management of records relating to the running of the service.

Staff told us they felt well supported through regular interactions with the nurses, registered manager and at staff meetings. Although no staff meetings had taken place since the previous registered manager had left in May 2015 a meeting was planned a few days after this inspection. These were an opportunity to keep staff informed of any operational changes. Staff told us they felt they were listened to. Staff commented, "We can always get help when we need it" and "I would always ring the registered manager or one of the providers if I needed to."

We were unable to see evidence of regular audits of the service provided including the premises internally and externally, fire systems, water monitoring and heating maintenance. The actions from the last food standards inspection had not been monitored and completed. We were told a quality assurance survey had been sent out to all families of people living at the service in January 2015. However, the responses to this survey could not be found and the responses had not been audited. This meant that any responses to this survey had not been acted upon at the time of this inspection. The medicine audit had not included a regular check of the medicines held in the trolley and had not identified two items that should have been removed as the people they related to were no longer at the service. This meant the audit and monitoring systems and processes at the service were not effective in monitoring the service provided.

Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

Concerns identified at this inspection had not been identified through by the registered manager prior to this 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider must have established effectively operated systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. Regulation 17 (1) (2) (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out duties they are employed to perform. Regulation 18 (1)(2) (a)