

St Andrews (MPS) Limited

# St Andrews Nursing Home

## Inspection report

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County Durham  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 8 February 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

St Andrews Nursing Home provides care and accommodation for up to 45 people with residential and nursing care needs. On the day of our inspection there were 43 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

St Andrews Nursing Home was last inspected by CQC on 29 July 2015 and was rated Good.

Accidents and incidents were appropriately recorded and analysed to identify any trends.

The registered provider had a safeguarding policy in place and the registered manager understood their responsibilities with regard to safeguarding. Staff had been trained in protecting vulnerable adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at St Andrews Nursing Home. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care plans were in place that recorded people's plans and wishes for their end of life care. However, one person who had been admitted to the home for end of life care did not have an end of life care plan in place.

Care records showed that people's needs were assessed before they started using the service however some care records were incomplete and not regularly reviewed.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs and the service had links with the local community.

The registered provider had a complaints policy in place and people who used the service and family members were aware of how to make a complaint.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

The registered provider had a quality assurance process in place however care records were not regularly audited.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported at mealtimes and staff were aware of people's nutritional needs.

People had access to healthcare services and received ongoing healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

End of life care plans were in place for some of the people who used the service however one person who had been admitted to the home for end of life care did not have an end of life care plan in place.

### **Is the service responsive?**

The service was not always responsive.

Care records were not always regularly reviewed and some people did not have relevant care plans in place.

The home had a full programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Care records were not regularly audited so gaps in the reviews of care plans and risk assessments had not been identified.

The service had a positive culture that was person-centred, open and inclusive.

The service obtained feedback on the quality of the service from people who used the service, family members and staff.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the local community.

**Requires Improvement** ●

# St Andrews 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 February 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting. One Adult Social Care inspector and a specialist advisor in nursing care took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with seven people who used the service and three family members. We also spoke with the registered manager, deputy manager, two administration staff members, one maintenance staff member, one domestic and two care staff.

We looked at the personal care or treatment records of seven people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People who used the service and their family members we spoke with told us St Andrews Nursing Home was a safe place to live. They told us, "Very safe. I don't have any concerns" and "Safe? Oh yes".

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports and national insurance details. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. Call bells were answered promptly and we saw there were sufficient numbers of staff on duty to provide safe care to the people who used the service. This included nursing staff on duty at all times of the day and night. The registered manager told us they did not use agency care staff to cover absences but did occasionally use agency nurses. Care staff absences were covered by the home's permanent staff. People who used the service, family members and staff did not raise any concerns about staffing or staffing levels. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

The home is a two storey building set in its own grounds. Entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. Appropriate personal protective equipment (PPE) and hand sanitisation gel were in place and available. Each bedroom and communal toilet and bathroom had a cleaning schedule on the wall, which were complete and up to date.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, a fire risk assessment was in place, checks of firefighting equipment and the fire alarm had been carried out, regular fire drills took place and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service.

Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). This meant that checks were carried out to ensure that people who used the service were in a safe environment.

Accidents and incidents were appropriately recorded and analysed by the registered manager on a monthly basis to identify any trends.

We looked at the registered provider's 'Safeguarding service users from abuse or harm' policy. This described the different types of abuse, and the role of staff in identifying and investigating abuse. The registered manager understood their responsibility with regard to safeguarding. Appropriate alerts had been sent to the local authority and CQC had been notified of any allegations of abuse. Staff received training in the protection of vulnerable adults. We found the registered provider understood safeguarding procedures and had followed them.

We looked at the management of medicines and saw the registered provider had an effective system in place for the storage and administration of medicines. We observed a member of the nursing staff administering medicines to people who used the service. This was done in a safe manner, allowing people plenty of time to take their medicines.

Controlled drugs were securely stored and the administration records showed two staff were present when controlled drugs were administered. Controlled drugs are medicines at risk of abuse.

Medication administration records (MAR) were accurately completed and signed for. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered.

The service had good links with the pharmacy who visited weekly and checked supplies and the disposal of medicines. This meant appropriate arrangements were in place for the administration and storage of medicines.



# Is the service effective?

## Our findings

People who used the service received effective care and support from well trained and well supported staff. People and family members told us, "The staff are wonderful", "Very nice staff", "Good staff, good cook", "Very well looked after", "It's a lovely home with a nice atmosphere" and "I'm content".

Staff mandatory training was up to date and included moving and handling, safeguarding, infection control, health and safety, fire safety, food hygiene, privacy and dignity, mental capacity, nutrition and the administration of medicines. Mandatory training is training that the registered provider thinks is necessary to support people safely.

New staff completed an induction to the service and staff new to care were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff we spoke with told us they received regular training and supervisions. This meant staff were fully supported in their role.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in the lounge or in their own bedrooms if they preferred.

Malnutrition Universal Screening Tools (MUST) had been completed for all the people whose care records we looked at. MUST is a calculator for establishing nutritional risk. People who had specific dietary need had been referred to dietitians and Speech and Language Therapists (SALT) and evidence of specialist guidance was included in care records. This meant staff were aware of people's dietary needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw appropriate DoLS applications had been submitted by the registered manager. Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Staff had completed training in the MCA and DoLS. This meant the registered provider was working within the principles of the MCA.

Care records included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). The forms we saw were up to date and showed the person who used the service, family members and relevant healthcare professionals had been involved in the decision making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, dietitians, tissue viability nurses, opticians and dentists.

Some of the people who used the service were living with dementia. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. Corridors were clear from obstructions and well lit, bathrooms, toilets and communal areas were appropriately signed, and bedrooms were clearly labelled with the person's name, room number and a photograph the person had chosen. This helped to aid people's orientation around the home and meant the service incorporated environmental aspects that were dementia friendly.

## Is the service caring?

### Our findings

People who used the service and family members were complimentary about the standard of care at St Andrews Nursing Home. They told us, "They [staff] are very caring", "I would say they were [caring]" and "They do care".

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. For example, we observed lunch being served to people in the lounge and saw how staff had a good rapport with the people who used the service. One staff member approached a person who used the service and said, "Hello my darling" and then made sure the person had everything they needed. Another staff member assisted a person with their meal. They talked to the person throughout, offering encouragement and made sure the person was happy. For example, "Tell me if it's too hot", "Would you like a little bit more?" and "What's that like?".

Care records included a 'This is your life' booklet, which provided important information for staff about the person, such as their family history and what they did before being admitted to the home.

Some people were able to independently mobilise around the home and did not require additional support at meal times however staff were on hand to support people when required.

People were assisted by staff in a patient and friendly way. Staff knew how to support people and understood people's individual needs. Care records described how staff were to carry out specific tasks and keep the person informed about what they were doing. For example, "Explain to [Name] all the actions to be carried out" and "Reassure [Name] throughout the intervention". Care records also showed evidence of choices made by the person who used the service. For example, "I like to have my hair done weekly."

We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. Care records described how staff were to respect people's privacy and dignity. For example, "Maintain [Name]'s privacy and dignity at all times when personal care being carried out." We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "Oh yes" and "I don't have any concerns about that". This meant that staff treated people with dignity and respect.

Bedrooms were individualised and we saw many photographs of relatives and social occasions in people's bedrooms. People we spoke with told us they could have visitors whenever they wished and we saw many visitors to the home on the day of our visit. The family members we spoke with told us they were always made welcome.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocates with the registered manager who told us none of the people who were using the service at the time of our visit had an

independent advocate however information was made available to people on the home's notice board.

End of life care plans were in place for some of the people who used the service however one person who had been admitted to the home in January 2017 for end of life care did not yet have an end of life care plan in place. We contacted the registered manager following the inspection who told us this had been actioned.

The registered manager told us they and two other members of staff had attended external 'Gold Standards Framework' training in providing end of life care. We saw staff meeting minutes, which described what the framework was and what it meant for staff and people who used the service. This meant the registered manager was aware of best practice with regard to end of life care and had attended appropriate training.

## Is the service responsive?

### Our findings

The service was not always responsive. Care records were not always regularly reviewed and some people did not have relevant care plans in place.

People who used the service had care plans in place and some records we saw were up to date and regularly reviewed. However, some people's care plans were not in place or had not been completed. For example, one person who had been admitted to the home in November 2016 had incomplete or missing care plans. A Waterlow assessment had been carried out and identified the person as being at risk of pressure sores. Waterlow is a risk assessment tool used to identify the level of risk for the development of pressure sores. However the person did not have a care plan in place for this. The registered manager and staff we spoke with were aware of the person's needs however there was no documentary evidence for this. This person had a care plan in place for 'Controlling body temperature', which stated "Monitor for..." but the sentence was not completed.

We saw one person's 'Washing and dressing', 'Communication' and 'Cognition and memory' care plans had not been reviewed since June 2016. Another person's care plans and risk assessments had not been reviewed since August 2016. These included the risk of falls and pressure sores.

We brought these records to the attention of the registered manager who told us they would have the records updated. The week following the inspection, the registered manager informed us that the majority of the care records had been updated and the remainder were in progress. We will check these at our next inspection visit.

Staff we spoke with were knowledgeable about people's care and support needs however some care records did not reflect this. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff responded to people's changing needs and liaised with healthcare professionals when appropriate. For example, staff had responded to concerns that a person who used the service was sleeping a lot. Staff contacted the person's GP to suggest carrying out a medication review as the person's medication may have been causing the drowsiness. We also saw daily staff handover notes were up to date and provided brief updates on each person who used the service.

Posters on the home's notice board advertised upcoming activities, including an old fashioned sweet shop, an entertainer, a big screen film night and the Wednesday luncheon club. We observed people coming back from the luncheon club at a local community centre and the people we spoke with told us it took place every Wednesday and was enjoyable. The home employed a full time activities coordinator and we saw from the activities planner there was a full programme of activities in place. These included games, exercises, sing-a-long sessions, bingo, pet therapy, library and church services. This meant the registered provider protected people from social isolation.

We saw a copy of the registered provider's complaints policy and procedure. This provided information of the procedure to be followed when a complaint was received. For example, written complaints would be acknowledged within two working days and investigated within 28 days. There had been one formal complaint made to the service within the previous 12 months. We saw an appropriate response had been provided to the complainant and no further communication had been received. The complaints procedure was posted on the home's notice board and was included in the registered provider's statement of purpose and service user guide. People and family members we spoke with were aware of how to make a complaint. This showed the registered provider had an effective complaints policy and procedure in place.

## Is the service well-led?

### Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it.

Kitchen audits were carried out monthly and were up to date. However, medication audits had not been carried out regularly. The registered manager showed copies of monthly medication audits carried out in June 2016 and November 2016 but could not provide any audits carried out between those dates or since November 2016.

We saw the registered provider carried out a 'Home visit' approximately every two months. The visit included a review of occupancy levels, the cleanliness of the premises, checks of bedrooms, the medication room and communal areas, staff training and morale, whether the people who used the service were well cared for, and a review of care plans and risk assessments.

The most recent registered provider's home visit had taken place on 18 January 2017 and we saw care plans had been recorded as being "Adequate." We saw care records had not been checked at the previous home visit on 28 November 2016.

The last care records audit, provided to us by the registered manager, had taken place on 23 August 2016. Some of the care records we saw were not regularly reviewed and as they were not regularly audited by the registered manager, these gaps had not been identified. We brought this to the attention of the registered manager who agreed to have the records updated.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. Staff told us, "I get lots of support from [registered manager]" and "I got support when I was struggling with my hours. [Registered manager] helped me out".

Staff were regularly consulted and kept up to date with information about the home and the registered provider. We saw records of staff meetings, the most recent had taken place in September 2016. Staff also received an annual questionnaire, which included questions on job satisfaction, training, supervisions and appraisals, and the general running of the home.

Annual questionnaires were sent to people who used the service and relatives. These asked questions on whether the service met people's needs, staffing, the quality of the food, activities, were visitors made to feel

welcome and cleanliness. The registered manager held a 'Manager's surgery' on the last Tuesday of every month and stayed at the home until 7pm so family members and visitors could drop in to speak with them.

The registered manager told us the service had good links with the local community. For example, people who used the service attended a local community centre, a church service took place at the home every month and local school children attended the home at Christmas.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.



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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Accurate, complete and contemporaneous records in respect of each service user were not being maintained. Regulation 17(2)(c).
Treatment of disease, disorder or injury	Regular audits were not being carried out of the care records. Regulation 17(2)(a).