

Dr Lim Wyn

St Marks Nursing Home

Inspection report

145 Hylton Road
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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 ●

Summary of findings

Overall summary

St Marks Nursing Home is a care home for 35 people with nursing and personal care needs, some of whom may be living with dementia. There were 32 people living at the home when we visited.

At the last comprehensive inspection on 30 July 2014, the service was rated Good overall. At that time we made a requirement relating to checks of staff to make sure they remained suitable to work in a care service. When we carried out a focused inspection in May 2015 we found improvements had been made but we were unable to change the rating at that time as we needed to see this was sustained. At this inspection we found the service remained Good and the improvements to staff checks had continued.

People felt safe and secure in the home. Any risks to people's health and safety were assessed and managed. There were enough staff on duty to assist people in a timely way. The staff had been checked and vetted as suitable to work in care services. People's medicines were managed in a safe way.

Staff felt well trained and competent in their roles. People and relatives said staff were good at their jobs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People said the meals were good and they were assisted with their nutritional well-being. The home made sure people had access to health services when they needed them.

People and relatives felt staff were helpful and friendly. They treated people with dignity and respect. People were encouraged to make their own daily choices and retain their independence.

People received care that was individual to their needs. Staff were familiar with people's preferences and well-being. There was a range of activities for people to join in, both in the home and in the local community.

The registered provider and registered manager had run the home for many years. People felt the service was well-managed. There was an open culture in the home so people, relatives and staff felt able to comment on the service. The registered manager and staff carried out checks of the quality and safety of the service.

The service met the relevant fundamental standards we inspected and provided a homely environment for the people who lived and worked there.

Further information is in the detailed findings below.

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 is Good.

Improvements to regular checks of the professional registration of nurses had continued since our last inspection.

People said they felt safe living at the home and were comfortable with the staff who supported them.

There were sufficient staff to meet people's needs.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St Marks 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.

This inspection was a comprehensive inspection. This inspection commenced on 30 January 2017 and was unannounced. A short announced visit was also made on 8 February 2017.

The first day of inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The short second visit was carried out by an adult social care inspector.

Before our inspection, we reviewed the information we held about the service including notifications about any incidents in the home. We asked commissioners from the local authority and health authority for their views of the service provided at this home. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with six people living at the home and three relatives. We spoke with the registered manager, the deputy manager, a care worker, a catering staff member, a member of housekeeping staff and an administrator.

We observed care and support in the communal areas and looked around the premises. We also observed a lunchtime meal to help us understand how well people were cared for. We viewed a range of records about people's care and how the home was managed. These included the care records of five people, medicines records of eight people, the recruitment records of three staff members, training records and quality monitoring reports.

Is the service safe?

Our findings

At a comprehensive inspection in July 2014 we made a requirement relating to checks of nurses to make sure they were still registered to practice. When we carried out a focused inspection in May 2015 we found improvements had been made and there were now regular checks of their professional registration with the Nursing and Midwifery Council (NMC). At this inspection we found the improvements to staff checks had been sustained.

All the people we spoke with said they felt safe and comfortable at the home. One person told us, "It's good. I would rather be out, but I wouldn't be safe at home." A relative commented, "I think it's very safe."

Staff had training in safeguarding adults and in whistleblowing. Staff felt the home was a safe place for people to live and understood their responsibility to report any concerns. They were confident about reporting any issues and felt these would be acted upon.

The home worked in collaboration with the local authority about any safeguarding concerns. Over the past year the registered manager had referred two potential safeguarding incidents to the local authority. Although neither incident resulted in a safeguarding investigation, the home had taken action to protect people from further concerns. For example, a medicine concern had led to the home changing its pharmacy arrangements.

There were risk assessments in place for each person, where appropriate, based on their assessment of needs. Where risks had been identified there were control measures in place to keep people safe. The assessments included risk of falls, risk of choking and skin integrity assessments. The risk assessments were kept under monthly review or more frequently if people's needs deteriorated.

We also saw risk assessments that promoted people's independence, where capabilities allowed. For example, one person preferred to keep their medicines to take at a later time when they were ready. The person had signed an agreement about how they would manage this in a safe way.

The provider employed a maintenance member of staff who carried out health and safety checks around the premises, for example fire safety checks. There were contingency arrangements in place for emergencies. There were also personal evacuation plans about how to support each person in the event of an emergency.

People felt there were enough staff on duty to respond quickly to their needs. For example, one person told us, "(Staff) are fantastic. I pulled out the buzzer by mistake and the staff arrived immediately. I know someone is there all the time and they always check on me every two hours during the night." One person felt it would be beneficial to have more staff to cover if a staff was off sick, although other people described how staff on duty stayed behind to help out when necessary.

Staff attended very quickly to any call alarms of people who were spending time in their bedrooms. We saw

staff spent time with people, including the people who were nursed in bed, and were courteous in the way they offered assistance. Most of the people who lived at the home had health care needs. There were always two nurses on duty as well as five care workers throughout the day to support their nursing needs.

The provider used robust recruitment practices to make sure new staff were suitable to work in the care home. These included application, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure staff were suitable to work with vulnerable people.

People's medicines were managed in a safe way. These were securely stored and the temperature of the room was checked daily (although we noted the thermometer was faulty so it was replaced during this inspection).

All medicines were administered by nurses who were trained and regularly checked for their competence to do this. Medicines were administered to people in a safe way and people were helped and supervised if they needed to be. Medicines administration records (MARs) for the people using the service were completed in the right way. Photographs were attached to people's medicines records so staff were able to identify the person before they administered their medicines.

Is the service effective?

Our findings

People and relatives commented positively on the skills and competence of the staff. For example one person described them as "proficient". Another person told us, "They do have training for various things which is a good thing and I have heard them say some of the training is very good."

A relative commented, "I would say (staff) are definitely very good. My [family member] has been here for some years and they've always been spot-on and very professional." Another relative told us, "From what I've seen of them they know what they're doing."

All members of staff received regular training in essential health and safety subjects such as moving and assisting, fire safety and infection control. Staff also completed training in dignity and respect, communication and falls awareness. Nurses and care workers also completed training in dementia awareness and end of life care. This was relevant training because many people at the home had needs in these areas of care. There were records of nurses' competence in health care tasks such as catheter care and using syringe drivers. Nurses had recently identified areas for any updated training and these were being arranged.

New staff completed a comprehensive induction programme and were then supervised by an experienced staff member during their probationary period. Staff told us, and records confirmed, that they were allocated a supervisor and aimed to have individual supervision sessions three or four times a year. All the staff we spoke with said they felt supported to carry out their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's care records identified where they could make decisions, or where they needed support from other people, including advocates, for more complex decisions.

Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision. There were records of the decision-making processes to support people's safety. These decisions had included relevant people and care agencies. For example one person was provided with medicines in a disguised way (known as covert medicines). This decision included the agreement of the person's relative, acting as their relevant representative, and by the person's GP as the medicines were essential to the person's health. It was also agreed by the pharmacist as being an appropriate method to provide those medicines.

People were supported to eat and drink enough to maintain their nutritional health. People described the meals as "very tasty" and "gorgeous". One person commented, "The chef is very good. It's always a good meal, always sufficient and always get asked if I want more."

One person had a special diet and felt there was a limited choice of menu options for them. They did state they were going to make a list of suggested meals to share with the catering staff. The catering and care staff

members were very knowledgeable about each person specific nutritional requirements including the textures of food they needed to support any swallowing difficulties. We saw one person who had a pureed diet was served pureed chicken which resembled the shape of a chicken fillet and looked attractive.

People's nutritional well-being was assessed and kept under review. Records were kept if people required their food or fluid intake to be monitored to make sure any health needs were identified.

People felt their health care was managed well. Some people explained they came to the home because of the "trained nurses". One person told us, "(Staff) bent over backwards to get me sorted with doctors, tablets and so on. I can honestly say (they) saved my life."

There were good relationships between the staff and visiting healthcare professionals. People's care was monitored and staff worked with other health services to make sure people received the right care if their needs changed.

Is the service caring?

Our findings

People told us the staff were friendly, caring and helpful. For example, one person said, "They are lovely. I can say anything to the girls and they always smile." Another person commented, "All I have to do is ask - the nurses are very nice." Another person said, "They're all nice people."

There was a good atmosphere in the home with friendly conversation amongst people, staff and visitors. One person commented, "Staff like to hear my stories." Another person said, "They're lovely, very caring. They'll do anything, you just have to ask. I lost something in my room once and the cleaner spent ages turning the room upside down. She didn't have to but she found it."

There were good relationships between staff and relatives. A relative told us, "(Staff) are always very helpful to me. If anything is wrong they keep me in the picture which is a good thing." Another relative described the staff as "approachable and pleasant".

We saw staff encourage people to make their own choices and decisions. During a lunchtime meal staff asked where each person would like to be seated and what they would like from the menu. There were menus on each table as well as a board with the main options for the day. If a person did not want what was on offer the staff suggested alternatives they could have.

People felt they were treated with dignity and privacy. One person commented, "They always knock before entering." Other people also described being supported with their dignity when using the shower. People commented, "They never make you feel awkward" and "they always make sure you're covered up." A relative commented, "If (people) talk to the nurses and care staff, it's kept confidential. They always treat me with respect too."

Staff spoke with people in a respectful and valuing way. They explained to people any support they were about to provide, such as helping with mobility and with meals. This support was carried out at the person's own pace so people were not rushed.

A relative commented on staff's patient attitude when talking with people. They told us, "They always take time. My family member doesn't always answer and the staff always take the time to ask and don't just assume." They went on to say, "I have noticed staff moving a table for a resident sleeping and left a drink for them - these are the kind of nice touches."

Staff asked people's permission before they carried out any personal care or tasks for them. For example, asking if they could help someone to dress in their outdoor clothing ready for a trip outside. We saw an independent advocate was involved with one person to help them make any decisions about their care.

People's right to lead an independent lifestyle was promoted. For example, one person had a coffee-maker in their room and enjoyed the freedom this gave them to make their own drinks and to host visitors to their room.

The home was decorated in a comfortable, warm and homely style. Bedrooms were highly personalised and some people preferred to spend time in their rooms. The dining area was nicely decorated and the tables were set with tablecloths, condiments, serviettes and a vase of flowers on each. We did note one person was dining alone at a table in the second dining area because the main dining area was full. Also one person had to wait a short time until they were supported with their meal because the staff member was assisting another person. We told the registered manager about these points for consideration about how the dining experience could be further improved for those people.

Is the service responsive?

Our findings

People received care that was personalised and met their individual needs. One relative commented, "My [family member] doesn't communicate but (staff) know what my [family member] likes so they don't miss out."

People's needs were assessed before they moved in to check if they could be cared for safely and comfortably. After they moved in care plans were designed to show the support each person needed, for example with mobility, continence and specific health needs. The care plans were individualised to each person and were written in a sensitive way.

People had been involved in discussions about their care where they were able to do so. For other people their relatives had been involved in care agreements. Staff had information about each person's life history, preferences and understood what was important to them. The care records put people at the centre of deciding how and when they wanted to be supported. For example, one person who was living with dementia could be resistant to support. Their care plan stated, '(Person) will refuse to get washed and dressed on occasion. (They) can get annoyed with staff and will tell them to go away. Staff should leave and go back later when they are more accepting. Staff must support (person) with as little upset as possible.'

The care plans we viewed were up-to-date and had been rewritten whenever people's needs changed. Care plans were reviewed monthly or more frequently if people's needs were changing.

People said there was a range of activities provided at the home. The home employed an activities co-ordinator who organised a range of social activities in and out of the home. These included dominoes, musical bingo, arts and crafts and a weekly exercise group. The home held entertainment and social events including regular pie and pea suppers for people and their relatives.

There were good links with the local community. People had opportunities to go out on shopping trips, to coffee mornings and to local pubs. On the day of this inspection two staff came in on their day off to take a few people out shopping. There were several local clergymen who visited the home to provide pastoral support.

People had written information about how to make a complaint and this was also on display in the hallway for visitors. People said they would feel able to raise any concerns if necessary and felt they would be dealt with. One person commented, "Quite a long time ago I had occasion to complain and it was sorted."

The registered manager kept a record of any complaints including the action taken to investigate and resolve them. There had been four complaints over the past year. These included a concern about missing clothes and an occasion where someone was not supervised whilst eating. We saw appropriate disciplinary action had been taken where necessary, including retraining of staff to minimise further incidents.

Is the service well-led?

Our findings

People, relatives and staff said they had confidence in the way the home was run. People described the registered manager as "lovely" and "approachable".

The home had been operated by the provider for many years. The registered manager had managed the home since it opened. 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.

People and relatives told us they felt they could be involved in making suggestions about the way the home was run through discussion with the registered manager. Also Residents' Committee meetings were held, although not everyone was involved or interested in these. The committee members included people who used the service, relatives, the activities co-ordinator and management staff. We saw from meeting minutes that decisions were made about activities and events, equipment to be purchased, fundraising and future plans. One person told us, "We do have a Residents' Committee and I do go along to that and sometimes add my little bit."

Staff felt the home was well-led and there was an open, supportive culture in the service. One care worker told us, "The home is well-managed – you can tell by the low turnover of staff. The manager, deputy and all the nurses are very approachable."

Staff meetings were held with all staff so they had opportunities to discuss the running of the home. We saw from meeting minutes that the meetings were also a chance to communicate expected practices and standards of care.

The registered manager carried out regular analyses of incidents and falls. This meant the registered manager was able to monitor for any trends in the safety and well-being of the people who lived there and check the right action had been taken to support them.

A number of regular audits of the service were completed, including care records and infection control checks. The maintenance staff member carried out equipment and premises safety checks and we saw these were up to date.

The provider's representative carried out visits to check the quality and safety of the service. The registered manager was receptive to advice that would lead to continuous improvements in care practice. For example, an officer of the clinical commissioning group had started to carry out medicines management audits at the service. The registered manager and deputy manager had welcomed their recommendations and acted on them. The home had changed to an electronic prescribing system and a new pharmacy and felt this had led to more efficient medicines management for the people who lived there.

The home had met the Gold Standards Framework for palliative and end of life care. The registered manager was a member of a local care manager group (called Home Life) and had links with Universities of Bradford and Stirling dementia resources. In this way the home aimed to use the latest best practice guidance in these areas of care to improve the service for the people who lived there.