St Andrews (MPS) Limited

St Andrews Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 and 19 March 2018. The first day of the inspection was unannounced. Following our last inspection in February 2017 we rated the service as, 'Requires Improvement'. We found the service did not have in place accurate and up to date records for people who used the service. We also found regular audits were not being carried out of care records. At this inspection we found improvements had been made.

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

The service provides accommodation for up to 45 people across two floors. At the time of our inspection there were 44 people using the service.

There was 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.

People lived in an environment where safety checks such as regular fire checks were carried out on a regular basis.

Staffing levels in the home were sufficient to meet people's needs. We found staff were able to respond quickly if a person needed assistance.

People were supported as appropriate to receive their medicines safely from staff assessed as competent to do so. Arrangements were in place for the safe receipt, storage and disposal of medicines. We found some inconsistent practice in relation to topical medicines. These are creams applied to the skin. The registered manager agreed to improve consistency.

Since our last inspection no one using the service had experienced a serious accident or injury. Accidents and incidents were monitored each month and actions had been taken to prevent injuries occurring.

The service had appropriate systems in place to protect people from harm. Staff had received training in safeguarding and were able to tell us how they protected people and what actions they needed to take if they had any concerns about a person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Food served in the home was appetising. Staff provided support and encouragement to people at meal times. We observed staff supporting people to eat and drink with patience and attentiveness. We found people enjoyed their mealtime experience.

Support was provided to staff to enable them to carry out their work in the home. This included induction, training supervision and appraisal.

Staff contacted other professionals and involved them in the service when people's needs changed or when they had health issues which needed to be addressed. Advice from professionals was included in people's care plans and passed between staff.

We saw staff knocking before entering people's rooms, and closing bedroom and bathroom doors before delivering personal care. Staff protected people's dignity and privacy.

Relatives spoke with us about the kind and caring nature of the staff. This was echoed by visiting professionals.

The registered manager and the staff listened to people who wished to speak up on behalf of themselves. They also listened to relatives as natural advocates for people using the service. An independent advocacy service was available to help people speak up.

Each person had care plans which were person centred and contained relevant guidance to staff to enable them to provide the right care for people. These were regularly reviewed and updated as necessary.

The service had strong links with key partners. Advice from other professionals had been incorporated into people's care plans.

People were supported to participate in activities of their choice. The activities coordinator arranged for entertainers to visit the home and had also invited a resource to the home that could enable people to look through viewfinders and remember their past history.

Whilst the provider had a complaints process in place there had been no complaints since our last inspection. We observed the registered manager respond to issues raised by relatives. Relatives confirmed with us this was the case and they appreciated the prompt response from the registered manager.

People, their relatives and staff were complimentary about the registered manager. Relatives felt the registered manager was proactive in responding to them and staff felt well supported by them.
The provider and the registered manager had arrangements in place to monitor the quality of the service and make improvements where necessary. For example we saw they carried out regular audits to monitor the effectiveness of the service. Surveys were carried out to seek the views of people who used the service, their relatives and staff.

Records in the home were up to date and accurate.

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.

Regular checks were carried out on the building to protect people from risks associated with fire and hot water.

There were sufficient staff on duty to meet people's needs.

Staff understood how to safeguard people and report any concerns they may have about people.

Is the service effective?

Good

The service was effective.

People had a choice of meals and told us they enjoyed the food served in the home.

Staff were supported through the use of induction, training, supervision and appraisal to ensure they had the knowledge and skills required for their work.

There was regular contact between the service and other professionals to meet people's needs. We found staff were alert to changes in people's health and made the necessary calls to other professionals.

Is the service caring?

Good

The service was caring

People who used the service and relatives spoke with us about the kind nature of the staff.

We found staff protected people's dignity and privacy. They knocked on bedrooms doors before entering.

Staff promoted people's independence and encouraged them to do things for themselves.

Is the service responsive?

Good

Person centred care plans were in each person's file. The plans gave detailed guidance on how to meet people's individual needs.

Activities were provided in the home either on a group or individual basis. The activities coordinator sourced entertainers on a regular basis for people using the service.

The registered manager was proactive in working with people and their relatives who may wish to raise concerns. There had been no complaints since our last inspection.

Is the service well-led?

Good

People and their relatives were complimentary about the registered manager. Staff felt supported by the registered manager.

Arrangements were in place to monitor the service and ensure the staff provided a good service.

Records held by the service were accurate and up to date. Staff were able to demonstrate accountability for the care they gave people using the provider's record keeping system.

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 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 14 and 19 March 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and one specialist advisor who had a background in nursing care.

Prior to the inspection we checked the information we held about this location and the service provider, for example we looked at the 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 local authority commissioners and the local authority safeguarding team. We spoke with the fire service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 10 staff including the regional manager, the registered manager, nursing staff, senior care staff, care staff and kitchen, the activities coordinator and maintenance staff. We spoke with six people who used the service and five relatives. We reviewed six people's care files and other information in relation to the regulated activities including accidents and incidents, medication records and fire records. We looked at four staff personnel files.

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."

Following the inspection four relatives contacted us using our, "Share your experience" document on our

website to provide feedback on the service.

Good

Is the service safe?

Our findings

Accidents and incidents were monitored by the registered manager and were reviewed on a monthly basis. In the analysis of information CQC carry out about a service before the inspection, CQC noted the absence of notifications about serious injuries to people and safeguarding incidents. During the inspection we questioned why this was the case. We found staff delivered care to people which kept them very safe and staff protected people from adverse incidents. The registered manager felt this was down to staff ensuring people had the correct safety equipment in place.

Policies and procedures were in place to protect staff. For example the provider had policies on manual handling, fire drills, and the use of work equipment. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Staff had assessed the risks to individual people and there were risk assessments in place which giver personalised information about risks to individuals such as falling. Everyone's care file we looked at had a radiator risk assessment in place. Actions had been taken in each person's bedroom and communal areas in the home to prevent people being burned from access to hot radiators.

Maintenance staff carried out regular checks in the home to ensure people lived in a safe environment. These included water temperature checks to prevent scalding and fire safety checks. Fire checks included fire equipment, testing of alarms, fire doors and door guards. We found a number of emergency pull cords in toilets and bathrooms which would be inaccessible to people should they fall to the floor. We drew these to the attention of the registered manager and the maintenance staff who agreed to immediately lengthen the cords. The registered manager sent us photographic evidence following our inspection to show they had made the improvements. Whilst checks were carried out on equipment an external company was used for the servicing of hoists, specialist baths and beds, and overhead tracking used to transfer people for example their bed to a shower.

Staff gave people their medicines in a safe manner. The medicine administration records showed people were given the correct dosage of their medicines at the correct time. Charts were maintained for the administration of pain patches. Controlled drugs are those which are liable to misuse. We found these were securely stored and accounted for. Fridge temperatures were checked on daily basis to ensure people's medicines were stored at the correct temperature. Arrangements were in place for the appropriate disposal of people's medicines.

There was no one living in the home who were had pressure sores. We looked at the records on people's topical medicines and found these were recorded on the MAR charts. Topical medicines are prescribed creams which are applied to the skin. Guidance as to the frequency the topical medicines should be applied and to which parts of the body was recorded on the MAR charts. However for some people this was not always documented. We drew this to the attention of the registered manager who looked at the MAR records with us. They agreed to ensure there was consistency in the recording of topical medicines.

Emergency plans were in place and available in one box for the information of emergency personnel who may need to evacuate people from the building.

Staff underwent a number of checks before they were permitted to work in the service. Disclosure and Barring Service (DBS) checks were carried out and 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 prevents unsuitable people from working with children and vulnerable adults. Staff completed an application form to describe their previous experience and learning and two references were sought for each staff member.

Policies and procedures were also in place to protect staff. For example the provider had policies on manual handling, fire drills, and the use of work equipment. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Staff had assessed the risks to individual people and there were risk assessments in place which giver personalised information about risks to individuals such as falling. Everyone's care file we looked at had a radiator risk assessment in place. Actions had been taken in each person's bedroom and communal areas in the home to prevent people being burned from access to hot radiators.

The local Infection Prevention and Control Team carried out an audit of the cleanliness of the home in February 2018 and had made some suggestions for improvement. We saw the provider had made improvements to reduce the risks of cross infection. We looked around the home and found it to be clean and tidy. We drew the attention of the registered manager to a very large brown stain on the carpet of a person's bedroom. The registered manager explained that on deep cleaning the carpet dye from the floor boards had been drawn up through the carpet. They told us there were plans to replace the carpet. Cleaning was on-going through our inspection.

We spoke with the registered manager about staffing levels and they told us how many staff were required to be on duty. Staffing levels were monitored according to the needs of people using the service. We looked at the rotas and found there were consistent numbers of staff on duty. Staff we spoke with told us they felt there was enough staff on duty, although at any one time their levels of busyness could change subject to how many people required attention. We observed staff responding quickly to meet people's needs.

Staff had carried out training in safeguarding and were aware of when to make a safeguarding alert to the local authority safeguarding team. They were aware of the different types of abuse they may encounter and what appropriate action to take. The registered provider maintained a record of safeguarding alerts they had made to the local authority and had monitored the outcomes.

At the time of our inspection senior managers were carrying out an investigation into alleged events. This showed they took seriously events which occurred in the service. We spoke with staff about raising concerns and telling someone about their worries (whistleblowing). Staff confirmed they felt able to pass on any worries they may have to their manager.

In the PIR the provider told us they would create a noticeboard with "You said we did" comments to demonstrate they had listened and learned lessons from feedback. We asked to see the notice board. The registered manager told us they had tried to use it but found it to be ineffective. They had learned relatives preferred one to one attention and support on their individual issues. During our inspection we observed relatives having personal contact with the registered manager to discuss issues about their family members.

Good

Is the service effective?

Our findings

Staff confirmed to us they received an induction to the service and their role. We found documents to this effect in staff files. Staff also informed us they had received appropriate training for their role and were continually encouraged to undertake further training which was always available. The registered manager maintained a staff training matrix. The matrix showed the provider had a defined set of mandatory training which staff were expected to complete. The mandatory training included moving and handling, infection control, safeguarding vulnerable adults, fire safety and equality and diversity. Staff training was up to date. One relative told us, "The staff were friendly and well trained."

Support was provided to staff through supervision and appraisal. In the 2017 staff survey staff confirmed they had received regular supervision, and for those who had been in post for more than a year they also confirmed they had received an appraisal. The registered manager held staff meetings to give staff information and hear any staff concerns. Staff signed to say they had attended the meeting and read the minutes. Copies of the signatures were put on staff files to show they had attended and were in receipt of the information discussed at each meeting.

We carried out our Short Observation Framework for Inspection over a lunchtime period. Staff were attentive towards people and supported them where necessary to eat. We heard staff provide words of encouragement. A menu was available to people on the table. Although there was only one option for lunch we saw people were provided with different meals according to their taste. One person told us they did not like tuna and could have whatever they wanted. Another person had a well-presented plate of salad. We observed mealtimes to be a pleasurable experience for people who used the service. Kitchen staff told us they were informed when a new person came into the home and about their dietary needs. They told us they went to speak to each new person to discuss their likes and dislikes. Arrangements were in place to support people with specialist dietary requirements, for example diabetes. Kitchen staff told us how they prepared meals for people with diabetes. At the time of our inspection there was no one living in the home with other specialist dietary requirements.

Handover notes were in place so staff could pass pertinent information about people between shifts. Senior care staff had a handover notebook which meant messages between the senior care staff were passed on. The service also had diaries in place where records of people's forthcoming appointments were maintained. Staff were then able to plan for supporting people to appointments. In each person's file we found records of communication with family members and other professionals. This meant there were systems in place in the home to facilitate good communication.

Assessments were carried out by the registered manager with people about their needs before they began living in the home using the provider's document. The document addressed people's social, mental and physical needs. This meant their needs were assessed and the registered manager was able to decide if their needs could be met by the staff and facilities in the home.

Staff were alert to the changes in people's health needs. We found they called upon the services of district

nurses and GPs when they had concerns. A visiting professional to the service confirmed the staff worked in partnership with them and carried out their advice. Documents showed the service accessed the services of a chiropodist and an optician to support people's health needs. Each person had a hospital passport in place. This meant if they needed to go to hospital information could be taken with them and was available to medical staff.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 found staff had been trained in the MCA. The service had identified people who they felt should be the subject of DoLS, carried out the necessary assessments and made the appropriate applications to the local authority. At the time of inspection the registered manager explained they were waiting for local authority decisions on the applications.

We saw adaptations had been made to the physical environment to reflect best practice in dementia care. Each person had a frame on their door with their name and a picture relevant to their past history. Each frame contained words such as, 'engineer' or 'likes knitting'. However, the adaptation of the environment did not extend to some communal bathrooms and toilets. In one bathroom we found there were no contrasting colours on light switches, grab rails and toilet seats. We spoke with the registered manager on this issue. They agreed to make further adaptions to the communal bathrooms, and spoke to maintenance staff in our presence to delegate the tasks required. The registered manager sent us photographs after the inspection to show us they had taken action.

Good

Is the service caring?

Our findings

During and after our inspection visit we received many comments about the quality of care provided in the home. One visitor said, "These lasses do a helluva job. If I had a business I would want to employ them. They are the bees' knees. I get along with them extremely well. Nowt's a bother. They are all canny." One relative said, "The care given in this home by all staff is excellent." A relative wrote to us and said, "The staff treat [family member] with dignity and care and more than that they show her love. They tend to her day to day needs and her personal hygiene and still have time to sing with her, cuddle her and listen to her."

Staff provided a calm and relaxed atmosphere in the home. We observed staff chatting with people and having meaningful conversations. People who used the service and their relatives commented to us about the staff and said, "Lovely staff, very good", and "Staff are lovely, care is good. No problems. They have endless patience with all of the residents." These comments were echoed by professionals. One professional said, "The girls are lovely, really good."

We asked the registered manager if they held meetings for relatives to involve them in the service. They told us they had tried to hold such meetings but the levels of attendance were poor making the meetings unproductive. As an alternative the registered manager was available on a regular basis for relatives to raise issues or discuss concerns. They also worked after office hours on a regular basis to deliberately make themselves available to relatives. One relative told us, "Relatives of a resident are encouraged to offer suggestions and ideas, and are made to feel involved."

We observed family and friends were welcomed into the service. Visitors to the service had access to facilities to make tea and coffee. It was clear from the conversations we observed that staff were familiar with people's relatives. In response to a relative questionnaire one relative had written, "I am very pleased with the home and all the staff; they are all very friendly and can't do enough for you."

Staff had received training in dignity and respect. We saw staff provided people's personal care behind closed doors to protect their dignity and privacy. Staff knocked before entering people's rooms and sought people's permission to enter.

People were supported to attend their appointments by staff. The registered manager told us staff changed their work days to do this. Staff confirmed they were willing to do this.

We observed staff using a hoist to transfer people from for example chairs to their wheelchair. Staff were kind and patient with the person. They explained what was happening and provided reassurance. The person did not become agitated and staff empathised with them at having to use a hoist when they told the staff they did not like using it.

Staff involved people in decisions and gave them choices, for example did they want their hair doing, what music they wanted to listen to and if they wanted to go to their room. One person told us if they did not want to participate in an event in the home they could always go to their room and carry on with their

knitting.

People's independence was promoted. For example one person was given a choice of eating with a fork or a spoon so they were able to eat without staff support. Other staff guided people to their table and supported them to take their time. Staff encouraged people to walk and reminded them to use their walking aids.

Advocates are people who support people to represent their views to others. The registered manager and staff responded to people who were able to self-advocate and they also responded to relatives as natural advocates for people who used the service. We observed relatives seeking information and talking to staff about their family member's needs. Information on an independent advocacy service was available in the entrance to the home. Staff understood the purposes of advocacy and the need for people to have their views represented.

People's records and other documents about the service or staff were stored confidentially in lockable cabinets.

Good

Is the service responsive?

Our findings

At our last inspection we found people's care plans were not up to date or were lacking in specific detail about people's personal health issues. During this inspection we found care plans had been reviewed and were up to date. Information on people's specific health conditions were to be found in people's care files. This meant staff had information on what to look for so they could provide the right care for each person.

On admission staff carried out a checklist and gathered any up to date information on the person being admitted to the home. Information was gathered from relatives to inform people's care plans. The provider had set care plans for each person such as breathing, maintaining body temperature and mobility. We found the care plans to be person centred and contain relevant information on each individual person. Staff had sought relevant information from other professionals such as a community psychiatric nurse, a psychiatrist, the speech and language team (SALT) and the continence service. The information obtained from other professionals was included in people's care plans. This meant staff were given appropriate guidance to be able to care for people.

Care plans documented where people needed assistance to communicate such as needing glasses or hearing aids. Staff were given guidance on the best ways to communicate with people.

Staff maintained daily records to monitor for example, people's food and fluid intake if they were at risk of losing weight. The regional manager showed us some new improved fluid charts they were developing and intended using. Staff showed us how they documented hourly checks on people to keep them safe.

The provider had a complaints procedure in place. There had been no complaints since our last inspection. We found the registered manager was proactive in responding to and resolving issues before they became a complaint. Two relatives told us there was no need to make a complaint and if they had any concerns they would speak to the manager. One person wrote to us following our inspection visit and told us about their first impressions of the home. They said they found, "A manager who seemed to understand what dementia entailed both for the resident and the relative we thought. We were right, and although everything hasn't always been perfect, we have always felt at ease in raising issues and having them resolved."

People's end of life wishes had been discussed with them and their relatives. Emergency health care plans in people's care files highlighted if people wished to be admitted to hospital towards the end of their life. Instructions were discussed and agreed with people and their families about their wishes to be resuscitated in the event of their heart stopping. These decisions were recorded on the appropriate documentation and were stored at the front of each person's file.

The service maintained a file with many thank you cards sent by relatives whose family members had passed away whilst using the service. The cards expressed gratitude to the staff for the way in which they had provided care for people and their relatives. One card from relatives sent their thanks to the staff; the relatives had written, "You certainly carried out your duties to the utmost."

During our inspection we noted people were busy knitting, chatting or listening to music. Group activities were on offer, but we also found that where people were unable to participate in a group activities were taken to individual people. One of these activities was the use of viewfinders. This equipment allows people to see films of the local area in which they grew up or trips to the seaside, for example, to Whitley Bay. Using this type of technology people were prompted to remember their past.

Throughout our inspection we observed a constant stream of visitors to the home being welcomed by staff. Staff encouraged people to continue relationships which were important to them.

Relatives confirmed there was regular entertainment in the home. People commented on enjoying the singers who came into the home. The activities coordinator told us they tried to arrange for two entertainers per month.

Staff gave people choices throughout our inspection. Options were given to people about the type of music they wanted to listen to, what they wanted to watch on TV and what activities they would like to do. People joked with staff about not doing chair exercises but we the observed them participating with smiles and laughter. Staff spoke to us about people's rights to make choices and do as they wished. One staff member said, "Well it is their home" and went on to discuss with us about how staff were there to support people and not dictate to them. We found the attitude of staff towards people who used the service protected them from discrimination.

Religious services were held in the home so people could practice their faith. The activities coordinator maintained lists of people who attended to they could be invited to attend the next service.

Information was provided to people about the home and activities to enable people to be aware of events. We found information was also available on dementia to inform and advise people about the condition.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service.

Staff told us they felt supported by the manager. One person shared their experience of the service with us and said, "The home Manager was very approachable and dealt promptly and efficiently with any concerns the family had." Another relative wrote to us and said, "[Name of registered manager] is very attentive and is always available to ask or answer any questions. She keeps us up to date with my mother's personal care and always contacts us immediately if there is any problem at all. She knows her residents and they know her.....she does not simply sit in an office and oversee." Another relative wrote to us and told us about the strengths of the service. They identified the good things as being, "The strong leadership and responsive approach of the Manager. Her willingness to meet and discuss any issues or problems relating to a resident, and then to implement changes should they be appropriate."

Staff told us they felt well supported by the registered manager and had confidence if they raised any issues or concerns they would be suitably addressed. There were clear lines of governance and accountability in the home. We observed care staff raising issues with senior care staff who in turn delegated tasks and ensured staff took their breaks at convenient times. Staff worked collaboratively with each other and told their colleagues what they were doing.

We found the registered manager had a strong presence in the home and they drove the expected values and attitudes of the staff. The staff demonstrated the culture of the home was of openness and engagement with people who used the service and their relatives. This meant the home had a warm and friendly atmosphere.

Staff were consulted about the service through annual surveys. There were records of staff meetings which staff were required to sign to demonstrate they had been kept up to date with information about the home.

At the last inspection we found records held in the service were not always up to date or accurate. During this inspection we found improvements had been made. People's records were stored securely in lockable cabinets. The records which were in place in the service provided the staff with means by which they could be accountable for the care they provided to each person.

The regional manager told us they visited the service unannounced each month and carried out a three monthly audit. They provided us with copies of their audits to demonstrate they had an overview of the performance of the service. The audits included the condition of the home, staffing levels and a review of care plans. The regional manager sought the views of people who used the service, relatives and staff during their audit visit.

The registered manager also carried out regular audits. These included care plan audits, medication and infection control audits. We saw these had resulted in actions to make improvements.

During our inspection we observed relatives knocking on the door of the registered manager and communicating about their family members. The registered manager knew people by name and responded to their queries. On relative told us, "The home manager was very approachable and dealt promptly and efficiently with any concerns the family had." The relative went onto say, "I have and will continue to recommend this home to any friends and family."

Surveys had been carried out to monitor the quality and effectiveness of the service. These were aggregated by the regional manager to monitor the overall performance of the service and plans drawn up where appropriate to make improvements. Before our inspection the registered manager had sent out surveys to people and was awaiting their return. From the most recent surveys returned to the home we found only positive comments had been made about the service.

We found the service had strong links with key partners. The registered manager was alert to difficulties partner agencies may experience but was confident in their ability to liaise with the partners to achieve better outcomes for people who used the service. For example they ensured people admitted to the service were able to receive the most appropriate care.