Retired Nurses National Homes

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Inspection Report

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Summary of findings

Overall summary

Retired Nurses National Home is a care home for up to 52 people and 40 people were living or staying at the home when we visited. The home historically cared for retired nurses and associated health care professionals but now also cares for any older person who does not need nursing or dementia care.

People told us they were happy living at the home and staff knew their individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff.

People were involved in developing their care plans, where they wanted to be and people told us they made decisions about their care and support. They told us that staff encouraged and promoted their independence.

People were actively involved and consulted with about the day to day running of the home. People told us they felt respected and that their dignity was maintained.

People were involved in a wide range of activities within the home and were supported to access the community.

Staffing levels were regularly monitored by the registered manager to ensure that there were sufficient staff to meet the assessed needs of people. People told us they did not have to wait when they used their call bells.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs.

There was a clear management structure in the home and staff, representatives and people felt comfortable talking to the managers about concerns and ideas for improvements. There were systems in place to monitor the safety and quality of the service provided.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. People's human rights were therefore properly recognised, respected and promoted.

At our last inspection in August 2013 we found that there had been breach of regulation 17. This was because people or their representatives were not consulted and involved in developing care plans. At this inspection we saw and people told us they were involved in developing their care plans when they chose to. Where they did not wish to be involved their representatives were consulted if they wanted them to be.

We also previously found a breach of regulation 9 because care plans and risk assessments did not included clear information as to how staff should meet people's needs. We found that individuals' risk assessments and care plans had been reviewed and now included all the information staff needed. Staff knew people and their needs well.

At our last inspection we found a breach of regulation 10. This was because the provider did not always follow up on issues identified by people in 'resident's meetings'. At this inspection people told us, and we saw, that action had been taken to follow up on any outstanding issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt safe at the home and with staff.

There was enough staff to make sure that people were cared for safely. People told us that staff were available when they needed help. We observed staff supporting people when they needed support.

We found that staff were recruited safely and they had the skills and knowledge to safely care for people. Staff had been trained in safeguarding adults.

Care plans and risk assessments had detail to make sure staff could ensure that people received appropriate and safe care. We found that risk were assessed and managed and people were supported to take informed risks where appropriate.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had been submitted, proper policies and procedures were in place should they be needed. Relevant staff had been trained to understand when and how an application should be made. This indicated that people's human rights were properly recognised, respected and promoted.

Are services effective?

People, their representatives and specialists were involved in assessments and care planning. We saw that people received care and support as described in their care plans. People were referred to health professionals, when staff were concerned or their needs changed.

Staff received an induction, training and supervision. There was a training and development plan in place to ensure staff were able to meet people's specialist or changing needs.

People were consulted about the food at the home and any specialists diets were catered for. People's nutritional needs were assessed and monitored on a monthly basis. People were referred to dieticians when any risks were identified.

Are services caring?

People spoke positively about the care they received and that staff were kind, caring and compassionate.

Summary of findings

People's privacy and dignity was always maintained. This was because staff respected people's privacy by respecting their private spaces and maintaining their dignity during personal care.

People's cultural and religious needs were identified and support was provided to meet these.

Individual's wishes and preferences in relation to their lifestyles were also respected.

People's preferences were listened to and recorded in their care plans and staff knew what these were.

Are services responsive to people's needs?

There was a range of activities organised by the home and people who lived there. People living at the home arranged church services, book and film clubs. Staff organised activities such as bingo and entertainers to visit the home. People were consulted about the activities on offer.

There were regular 'residents meetings' where people played an active role, discussing the day to day issues of the home.

There were systems in place to ensure that care plans were reviewed and updated monthly or as people's needs changed.

There was a complaints procedure in place. However, no written complaints had been received. All of the people and visitors we spoke with knew how to raise concerns. They told us that these were always addressed to their satisfaction.

Are services well-led?

Feedback from people, staff and a visitor showed us there was a positive and open culture at the home. This meant that people and staff were able to contribute to the running of the home. This was because people, relatives' and staff views were listened to and acted on.

The registered manager and many of the staff team had worked at the home for a long time and this meant that systems for monitoring the care, safety and welfare of people were well established. People felt confident in the abilities of the staff, seniors and the deputy and registered managers at the home. This was because when any issues or concerns were identified they were addressed.

We saw there were systems in place for reviewing and monitoring incidents, accidents, safeguarding alerts, concerns and complaints. The registered manager showed that learning had taken place from investigations. We saw that risks at all levels were anticipated, identified and managed.

Summary of findings

The registered manager and deputy manager monitored the care and support needs of the people living or staying at the home to make sure there were enough staff to meet their needs.	

Summary of findings

What people who use the service and those that matter to them say

On the day we visited we spoke with 19 people who lived at the home and one visiting relative.

People spoke positively of all aspects of living at the home and the care they received from staff. Comments from people included: "I have every confidence in everything they do. I'm very satisfied." "It's great here all the staff are great" and "nothing is too much trouble."

A visiting relative told us they were completely satisfied with the environment and the care at the home. They said: "Mum has been in other homes, I feel she is lucky to be here. There is plenty of space for her wheelchair and the smell here is always good."

People told us that they knew the staff well and that staff knew the care they needed. One person said: "nothing is too much trouble for them" (the staff).

Retired Nurses National Homes

Detailed findings

Background to this inspection

We visited the home unannounced on 10 April 2014. The inspection team consisted of a Lead Inspector and an Expert by Experience who had experience of older people's services.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection, we reviewed all the information we held about the home and contacted the local authority safeguarding and contract monitoring team.

On the day we visited we spoke with 19 people who lived at the home, one visiting relative, the registered manager, deputy manager, interim chief executive and four staff.

We spent time talking with people and observed people in the dining area at the lunchtime. We spoke with people in communal areas and their bedrooms. We looked at all areas of the building, including people's bedrooms (with their permission), the kitchen, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, and records relating to the management of the home.

As part of this inspection, we also followed up on the shortfalls in involving people, care planning and the systems for monitoring an assessing the quality of the service identified at our last inspection in August 2013. The provider sent us an action plan on 30 August 2013 detailing how they planned to address the shortfalls by April 2014.

Are services safe?

Our findings

People told us they felt safe at the home and with the staff. All of the people we spoke with told us that staff responded quickly to call bells. People were also given a pendant to wear so that they could call for staff assistance wherever they were in the home.

We spoke with three people who needed support transferring with hoists; they told us they felt confident and safe with staff when they were being moved. One person said, "I have every confidence in everything they do".

One person who needed support with their mobility told us staff encouraged them to use their walking aids in their bedroom but staff asked them not to go too far on their own as they did not want them to fall. They explained that staff took them for a short walk every day to maintain their mobility and independence.

The registered manager informed us and we saw that they monitored the dependency of people at the home and calculated the staffing based on people's needs. People and staff told us that staff, shifts, in the mornings and evenings, were now staggered and this meant that there were more staff at peak times when people wanted to get up or go to bed.

We looked at the staff rotas for the three weeks prior to the inspection. The registered manager told us during the day there was a minimum of a senior carer and six care staff. At night there were three waking staff. We noted that overall these staffing levels were maintained and were safe.

People and staff told us that overall there were enough staff to meet peoples' needs. One person said: "Even if staff members are away other the staff pull together. They never say 'It's not my job'."

Staff told us they had received safeguarding training and records confirmed this. We asked three staff members what they would do if they suspected abuse was taking place. They were all able to tell us the right action to take. This included reporting to the manager, local authority or CQC. The registered manager had reported allegations of abuse to the local authority and to CQC.

Information we received from the local authority safeguarding investigators told us that the staff at the home had cooperated fully with investigations they undertook. We found from records and discussion with the registered manager that actions were taken following any investigations and lessons were learnt. For example, nutritional and pressure area risk assessments were now completed and monitored for all people at the home.

We looked at recruitment records and spoke with staff about their own recruitment. We found that recruitment practices were safe and that the relevant checks had been completed before staff worked unsupervised at the home. This made sure that people were protected from staff who were known to be unsuitable.

We looked at four people's care plans and risk assessments and saw they were written in enough detail to protect people from harm. Risk assessments covered risks related to activities such as access to the community. In addition to this people had falls, nutritional, pressure area and moving and handling risk assessments completed. From these assessments a care plan was developed.

One person we met had a pressure sore on their heel; we reviewed their care plan and care records. There was a risk assessment that detailed the individual was at high risk as they had previously had a sore on their heel. The person was being cared for on a specialist mattress and special gel socks had been used in addition to regular repositioning. Staff had completed a body map that showed the individual's heel was red and senior staff had contacted the district nurses on the same day. We spoke to the district nurse who was visiting to assess the individual's heel. They told us that the individual's heel had broken down and that they now required an additional extra-long specialist mattress. The registered manager informed us that they had ordered the mattress on the advice from the district nurse. The district nurse acknowledged that the individual's heel was prone to breaking down quickly. They informed us that overall the pressure area management at the home had improved over the last few months and that staff responded quickly when they noticed any potential pressure areas.

The deputy manager showed us a monthly monitoring tool they had developed to review the amount of people with pressure sores, people who had falls and those who were nutritionally at risk. We saw that over a three months period that the amount of people at risk had reduced. The deputy manager was able to explain the actions they had taken to minimise the risks to people and the positive effect this had. For example, the home had purchased

Are services safe?

specialist pressure relieving mattresses and they had made changes to one person's bedroom including the use of a pressure mat following a number falls and increased the times that staff monitored the individual.

No applications for Deprivation of Liberty Safeguards have been submitted, proper policies and procedures were in place. Staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We spoke with four staff about these and they were able to talk about how consent worked in practice. Care plans we saw included whether the individual had the capacity to make specific decisions in relation to their care and support. For example, one person was having their capacity formally assessed by their Community Psychiatric Nurse in relation to making specific best interest decisions in their care plan.

Are services effective?

(for example, treatment is effective)

Our findings

All of the people we spoke with were very happy with the care they received at the home.

People told us they were involved in decisions about the care and support they needed. However, the majority of people we spoke with said they were not interested in reading or signing their care plan. One person told us they had just gone through their care plan with the deputy manager and had changed some things to accurately reflect their views. Two people said they thought their families had been consulted about the care plan and they were happy with this. A relative told us they had been closely involved with the care planning process.

People received care and support as described in their care plans. Staff told us that the care plans reflected the care and support people needed. We asked four staff about people's care needs and they were able to describe their current care and support needs consistently and confidently. People told us they were confident of the skills and knowledge of the staff and their ability to meet their needs.

Since the last inspection electronic care plans had been introduced. We noted that people or representatives who wanted to be involved in developing care plans had signed a paper copy of the plan.

People told us and we saw in records that people's health needs were met. People saw the GP, District Nurse, opticians, dentists and specialist health professionals as needed. One person said: "if you are poorly they get the doctor and they really look after you".

People's nutritional needs were assessed, monitored and planned for. People were weighed monthly and action was taken if people's weight changed significantly. For example, one person was referred to the dietician when they had lost weight and they had a low BMI (Body Mass Index). People who were identified as nutritionally at risk received fortified diets and nutritional supplements and we saw that these individual's weight had remained stable or they had gained weight.

During lunchtime we observed that one person was shaky and struggling to eat their meal. However, they were not supervised or prompted by staff and subsequently left a lot of their main course. We discussed this with the registered manager who immediately reminded care staff that they needed to discretely observe and support people who may need some support during meals. The manager told us that staff had checked with the individual that they had enough to eat and they confirmed they had.

People told us they were consulted about meals individually and at 'residents meetings'. They said they enjoyed the food and if they didn't like anything the chef would cook an alternative. One person told us that the chef would cook them a specific dish that was culturally important to them. Overall, praise for the food was extremely high. We were told that the quality and choice was very good. One person said: "I see the kitchen staff collecting herbs from the garden". Another person said: "You can have anything you want. Even with all the food we get, they will bring things in the night if you ring your bell".

Staff told us they had supervision and felt well supported by managers and seniors to fulfil their care worker roles. Care staff commented that they did not have regular staff meetings but still felt aware of all the information they needed to know. The registered manager confirmed that full staff meetings had not happened recently but they planned to reintroduce them.

We spoke with a recently recruited member of staff. They told us they had completed an induction which included working through an induction checklist and shadowing other staff. The registered manager showed us the induction programme for care staff and the deputy manager. However, we noted that this induction programme was not based on the Skills for Care Common Induction Standards, which are nationally recognised induction standards. We discussed this with the registered manager because these are the induction standards recognised by the care sector. The registered manager was confident that as all staff had recognised National Vocational Qualifications they all had the skills and knowledge to be able to care and support people living at the home and that the induction programme they used was sufficient.

The provider sent us the training plan and staff training matrix. We saw that staff completed core training that was mandatory and specialist training was also booked. For example, there was specialist training booked in May and

Are services effective?

(for example, treatment is effective)

June 2014 in pressure area management and nutrition. The registered manager and staff told us that all care staff had a National Vocational Qualification or equivalent at level 2 or higher.

Are services caring?

Our findings

We spoke with 19 people about the ways they experienced their care and support. People told us that they were treated with kindness and compassion at the home. One person said that the staff had been "welcoming and friendly" when they moved in. Another person said, "the staff are very patient with people who have problems".

People said that staff always respected their privacy, treated them as individuals and maintained their dignity. They gave examples of staff knocking on their doors and locking their bedroom doors when they were having personal care. We observed staff being discrete when offering people support with their personal care.

People said they were called by their preferred name, we saw these were recorded in people's care plans. We observed staff using people's preferred names.

People's preferences on how they wanted to live their day to day lives were respected and they said that staff listened to them. People's choices and wishes were listened to and acted on. For example, one person said they had asked that night staff did not turn on the light when they came to check on them and they were "delighted" when they started to use a torch. Another person told us: "I feel that I am treated as an individual". A third person said: "Staff listen and they know my routines".

Staff knew people very well and their preferences in relation to care and support, and how they liked to spend their time. We observed that staff were patient and showed understanding to individuals. They gave people time to speak and they listened and acted on what individuals said.

Most people living at the home were able to tell us about their personal histories. However, we noted that this information was not included in people's care plans. This meant that if people were at some point not able to tell staff about their personal histories and lifestyle, staff may not have the right information to be able to care and support them in an individualised way.

We observed a staff handover and saw staff were concerned about people's well-being and health. For example, the staff discussed one person who was receiving end of life care and how they wanted to ensure they were as comfortable and well cared for as possible.

We spoke with a visiting relative about the care their parent received at the home, and they told us they were completely satisfied with the care. They said: "Mum has been in other homes, I feel she is lucky to be here. There is plenty of space for her wheelchair and the smell here is always good".

The home has a chapel and people at the home organised services and visits from different denominations. The registered manager told us that people who choose to worship either attended the chapel or had clergy visit them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People told us about the different activities on offer at the home. These ranged from activities that people organised themselves such as a film club, chapel services, and writing and book clubs to activities arranged by the home such as male voice choir and bingo. There was a hairdresser that visited the home twice a week.

People we spoke with chose where and how to spend their time. One person chose to spend their time in their bedroom collecting and making notes on television guides. They told us staff respected their choices around this. Another person told us they were not able to do much but: "The daily routine takes up time, the day flies; I don't find it slow at all. I am sometimes encouraged to do things by the staff but I am happy being quiet, looking out at the garden, I am happy with my own company- contented".

People were supported to access the community either independently or with support from the home. For example one person went out to play bridge twice a week and other people were collected to attend their place of worship. Some people had mobility scooters to access the community.

We saw that there was a programme of activities displayed on noticeboards throughout the home. There was a computer with free internet access for people to use. They also had organised teaching sessions on the computer. This meant that people were able to keep in touch with other people via the webcam on the computer.

People who lived at the home were actively involved in the day to day running of the home and there were bi-monthly 'residents meetings'. People told us that any issues they discussed at these meetings were addressed. They were encouraged to start any activities they wanted, for example, the film and book groups. They told us these groups were well attended and they planned to restart the gardening group.

We saw that that people's preferences and interests were recorded in their care plan and where people were at risk of social isolation this was considered. For example, where an individual chose to spend time in their bedrooms, their care plan identified the actions staff needed to take to reduce the risks of isolation. This included spending time sitting and talking with people. Staff told us they made sure that people were supported to attend activities if they chose to but they also spent time talking with people who chose not to be involved.

We saw from care plans and records that people's needs were reassessed as their needs changed. Their care plans were reviewed monthly and any amendments to care plans made. One person told us they had become ill which resulted in additional mobility difficulties. They said they were pleased with the support they had had from staff when their needs changed.

We observed a staff handover and information about how people had been and any changes in individual's needs were discussed and documented.

During the transition to electronic records staff were recording either in individual's electronic records or on the paper records. The deputy manager told us that all staff would be recording daily records electronically within a month. The deputy manager said that for people who were requiring additional care and support paper monitoring records were kept in people's bedrooms. Two of the people we met and whose care records we looked at required repositioning and their food and fluids monitored. We saw the records reflected that the care and support required to eat and drink had been provided as directed in their care plan. This meant people had their individual needs regularly assessed and met.

There was a complaints procedure on display on noticeboards. All of the people and a visitor we spoke with knew how to complain. None of them had needed to, they said they only had to talk to any of the staff or raise concerns at 'residents meetings' and they were addressed. One person said: "nothing is too much trouble".

The registered manager told us that they encouraged people to raise any concerns and they were able to address people's concerns satisfactorily. There had been no written complaints received since the last inspection. We saw the registered manager had also considered safeguarding allegations as complaints and ensured that any recommendations for action had been followed through.

Are services well-led?

Our findings

Observations and feedback from staff, a relative and people showed us the service had a positive and open culture. This was because there were regular opportunities for people who lived at the home to contribute to the day to day running of the service. Four people we spoke with commented that there was a good system for them to feed information up through the registered manager to the board but they felt that the board was not quite so good at feeding back to them. They told us they had raised this matter at the last 'residents meeting' and were confident that the registered manager would action this.

We found there were arrangements in place to monitor the quality and safety of the service provided. There were weekly management meetings where any incidents, accidents or safeguarding incidents were considered. Senior staff met twice a month and kitchen staff once a month. Staff told us that they had not had a full staff meeting recently but they were informed of what was happening through handovers. The registered manager acknowledged this and told us they planned to reintroduce six monthly staff meetings.

All of the staff we spoke with knew how to whistleblow and raise concerns. They were confident that any issues they raised would be addressed.

The registered manager prepared a report for the monthly board meetings with the board and trustees. We saw the latest copy of this report and it included; the occupancy of the home, the dependency of people and the staffing levels required to meet their needs and analysis and learning from any concerns, accidents, safeguarding and incidents. For example, following a concern being raised about DNARs (Do Not Attempt Resuscitation) the registered manager had reviewed and rewritten the resuscitation policy. People's wishes in relation to resuscitation were now recorded in their care records.

There was a stable staff team at the home and this meant they knew people well and people told us they were happy with the staff. Four people commented that they had some concerns about staffing levels at night. However, they acknowledged that the registered manager had responded by having staff shifts overlap at night and in the morning so there were more staff available.

Satisfaction surveys had been sent to people the month before the inspection by the manager. Those that had been returned were positive. The registered manager planned to send these questionnaires out every three months. They were going to be analysed and acted upon if any issues were identified.

The registered manager informed us that they had produced an action plan following a local authority contract monitoring visit and these actions were now all met. For example, people's records and risk assessments were now fully completed.

We saw there were systems in place to monitor the safety and quality of the service. People's risk assessments and care plans were reviewed monthly or as and when their needs changed. We saw that peoples' care plans were updated as changes were identified during these reviews.

The deputy manager was monitoring areas of high risk for individuals on a monthly basis such as the prevalence of pressure areas and falls. There were actions in response to any risks identified. For example, specialist pressure area equipment was purchased. There were audits of medication, infection control, cleaning schedules, supervisions, care plans and moving and handling competencies. We saw that where any shortfalls were identified in these audits actions were taken.

The registered manager also undertook unannounced spot checks including during the night. This was to make sure that they knew the quality and safety of the home throughout the day and night.

We saw there were emergency plans in place for people, staff and the building maintenance. In addition to this we saw there were weekly maintenance checks of the fire system and water temperatures. There were robust systems in place for the maintenance of the building and equipment. For example, there was a programme of servicing and checking of moving and handling equipment such as hoists.