Camden and Islington NHS Foundation Trust

Stacey Street 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

Stacey Street provides nursing care to older adults with dementia and long term mental health difficulties. It should be noted that at the time of this inspection the service provider informed CQC of a planned programme for the closure of the home due to occur by the end of March 2019.

At our previous inspection on 4 July 2016 we found that the service was meeting the regulations we looked at and the overall rating was Good.
The inspection took place on 14 January 2019 and was unannounced. This inspection was carried out by one inspector.

At this inspection we found the service remained Good.

At the time of our inspection a registered manager was employed at the service. 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.

There were thirteen people receiving personal care at the time of our visit.

From our observations of interactions between staff and people using the service and conversations we had with some people we found that people felt safe at the service. No concerns about people's safety had been raised since our previous inspection.

There were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. Records showed that the service was applying these safeguards appropriately and making the necessary applications for authorisations to deprive people of their liberty, as required.

On the day of the inspection we found suitable numbers of staff were available to meet people's needs. The staff rota showed that suitable levels of staffing were also provided at other times of the day and despite the reduction of the number of people using the service, staffing levels had been maintained.

People's social and health care needs were assessed, and care was planned and delivered in a consistent way. People using the service had enduring long term mental health conditions and care plans showed that the information and guidance provided to staff was clear and identified potential risks to people and how to minimise these risks.

Staff received training to enable them to understand people's needs and how to provide safe and responsive care.

People were offered choice at meal times and were consulted about the menu. People's nutritional and hydration needs were met.

Social and daily activities had continued to develop since our previous inspection and people were offered a variety of interesting activities and were free to choose if they participated or not.

People were able to complain or raise concerns if they needed to. The provider regularly reviewed the performance of the service to ensure that standards were maintained, and improvements were made. People's views and preferences were considered, not least in terms of the current planned closure of the home and alternative places being identified for people to move to.

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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Stacey Street 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 was unannounced. The inspection took place on 14 January 2019 and was carried out by one inspector.

Before the inspection we looked at any notifications that we may have received and communications such as those from the local authority safeguarding and commissioning teams as well as other health and social care professionals.

We used a few different methods to help us understand the experiences of people using the service. Some people using the service had complex needs and for some people there was limited or no ability to communicate verbally which meant that not everyone was able to tell us their views. We received a small number of comments from people using the service as some people were not able to speak with us about their experience of living at Stacey Street. For this reason, we used general observation where possible, to understand people's experiences of using the service as people were either out of the home or otherwise engaging with staff during the day on a very regular basis. We gathered evidence of people's experiences by talking with two people and by observing staff interactions with people. We also looked at how the service communicated with people, their families, advocates and other care professionals. We spoke with the relatives of another person using the service. We also spoke with the registered manager, the deputy manager and two members of the care staff team and the activities coordinator.

As part of this inspection we looked at five people's care plans. We looked at the medicines management, training, appraisal and supervision records for the whole staff team. We reviewed other records such as complaints information, quality monitoring and audit information, maintenance, safety and fire records.

Good

Is the service safe?

Our findings

We spoke with a person about how safe they felt in the home and they told us, "I am not moving I am staying here." This comment was made in front of staff and then resulted in a conversation about what was happening and what options there were for the person's future. This was a positive conversation that did not ignore how unhappy this person was about the closure of the home.

Relatives we spoke with told us "They tell us everything" and "Our [relative] was very unwell and staff went with her to the hospital to make sure that hospital staff knew all about the care needs."

The home used the NHS Trust's organisational policy and procedure for protection of adults from abuse. They also had the contact details of the local authority, London Borough of Islington, which placed people with the service.

The members of staff we spoke with told us they had training about protecting people from abuse, which training records confirmed. Care staff had readily accessible information on noticeboards in each staff office about safeguarding and what to do if a concern arose.

When first employed it was the policy of the service provider to ensure that staff had initial training in keeping people safe from abuse which was then followed up with periodic refresher training. We found that this happened. At the time of this inspection there were no concerns identified about people being unsafe and none had arisen since our previous inspection.

There was a suitable number of staff available each day to meet people's needs. Two support workers and a trained nurse were present on each floor during the day and a nurse and a support worker on each floor at night. The staff rota showed this level was consistently maintained, despite the planned closure of the home and a reduction of the number of people living there. The registered manager told us that the NHS trust had maintained the staffing level and was committed to doing so to support people through the home's closure and their transition to other care services. During our inspection visit care staff were seen to be able to give people individual attention and to provide the support that people required.

Five temporary staff had been recruited in September 2018 to ensure staffing levels were able to be maintained through the transition period. We looked at the recruitment records for three of these care staff. These records showed that safe recruitment procedures had been followed to ensure that staff employed were suitable and safe to work with people. The required pre-employment checks had been carried out which included references from previous employers and a disclosure and barring service check [DBS].

Records showed that risks to people were assessed and were regularly reviewed and updated. Up to date guidance was in place for staff to follow. These covered areas such as keeping people safe and the signs to be aware of which may indicate a person's mental health may be deteriorating. Where people were identified as being at risk due to their health, physical condition or behaviour there was detailed, and clear information provided to staff to minimise this risk.

People were supported with their medicines and these were stored safely. On the day of our visit we observed medicines being administered after lunch. Only the registered nursing staff were permitted to administer medicines and we observed the nurse taking time to talk with people about their medicines. Medicines administration records [MAR] were correctly maintained and people's need for support to manage their medicines was assessed and reviewed.

The home was clean and tidy. Domestic staff were employed, and we found no concerns about the standard of cleanliness and infection control. An infection control and auditing procedure was in place. The provider carried out a range of safety checks, for example the fire alarm system, electrical and gas safety checks were all undertaken.

Good

Is the service effective?

Our findings

Staff received regular training, supervision and appraisals to ensure they had the skills and knowledge to meet the needs of people using the service. Staff attended regular training which included mandatory courses such as moving and handling, infection control, equality and diversity and information governance. When staff had not completed mandatory training within the set frequency, for example each year, this was flagged up on the training database for the registered manager to follow up.

The staff we spoke with told us about the range of training they had, including topics such as safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All nursing staff were either RGN [Registered General Nurse] or RMN [Registered Mental Nurse] qualified.

Each of the staff we spoke with, regardless of their role, told us they felt supported by the provider in relation to their training and development, and not least in terms of the planned closure of the home. They also told us they received supervision, averaging monthly, which staff supervision records confirmed. Monthly team meetings took place and the records of the most recent meetings showed that necessary areas were being discussed about client care, the changes taking place and how the team were working to support people using the service during this transition.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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 who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this was in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the DoLS.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

Consent to care and treatment was obtained. Many of the people using the service were unable to provide informed consent for themselves but in those cases their relatives, friends or allocated health or social care professional did so. A local advocacy service was used particularly when MCA or DoLS considerations were being reviewed and not least in situations where people had no relative or friend that could advocate on their behalf.

A person using the service told us about their liking for a particular type of fast food and then about how many times a week they had the chance to have this. People were supported to have enough to eat and drink. At this inspection we found that during lunchtime people were reminded about what they had selected from the menu for the day. We found this gave people the opportunity to change their mind and have something else if they wished and we observed a lot of interaction between people using the service

and care staff during this mealtime.

People were supported to use general community healthcare services. Each person had access to a GP, dentist and optician as well as other specialist medical advice was obtained as necessary.

Good

Is the service caring?

Our findings

Relatives told us "They [staff team] are wonderful and they really know how to engage with [relative]" and "The staff respect [relative's} dignity and culture and give that priority."

People's histories were known by staff, as were people's preferences about how they wished to be cared for. Care plans described people's cultural heritage as well as whether or not people chose to adhere to a religious faith. They described, and we observed, how they asked people about their preferences and explained what they were doing when providing care and support. Throughout the day of our inspection, care staff were seen interacting with people in a calm and attentive way. Care staff took their time when engaging with people, asked how they were and listened to them. Care staff demonstrated a good knowledge of people's characters and personalities.

The provider had a clear and detailed policy for acknowledging and respecting people's unique heritage and individuality, including working with lesbian, gay, bisexual and transgendered people. Staff we spoke with acknowledged the need to respect people's individuality and care for people in a respectful and dignified manner.

Members of the staff we spoke with told us "We have such a close bond [with people using the service] I had someone living here ask me if I was ok after I had been away for a while" and "Working here is like being within a family."

Care workers we spoke with had a sound understanding of the importance of treating people as individuals and respecting their dignity. They informed us that they had been trained about how to treat people with respect and dignity. They were able to describe to us how they protected the privacy and dignity of people when providing personal care and we observed how staff were mindful of the care being provided, for example closing doors when assisting people with care in the bathrooms or people's bedrooms.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The service had an Accessible Information Standard policy. No people using the service at present had specific needs in this area, but staff did take time explaining information to people to ensure that they could understand what was presented to them as far as possible. We observed a specific example of this during a conversation that we had with a person using the service who talked about moving to another care home.

Good

Is the service responsive?

Our findings

Relatives told us "Staff do what they need to do when they need to do it" and "This is a real home."

The five care plans we viewed described personal, physical, social and emotional support needs. Care plans were updated at regular intervals and were audited regularly to ensure that information remained accurate and reflected each person's current support needs. The provider used an electronic database for people's records within the home. This was readily accessible and easy to use to obtain updated information. The electronic system was designed to enable not only the home, but other clinicians working with people in the NHS trust, to readily communicate and update people's care and support needs.

Where more than one mental health care professional was involved in a person's care the staff ensured the information was coordinated and the person received the support they required. Each person had access, as and when required, to the professionals involved in supporting their mental health needs. Care programme approach (CPA) reviews took place. CPA is a care planning process specifically designed to monitor and respond to people's mental health care needs.

Since appointing an activities coordinator there had been a lot of development in the programme of activities that people engaged in both individually and as a group. There was a list of planned activities that were on a timetable with descriptions and pictures of activities. There was flexibility for people to engage with activities even if they didn't want to do the originally planned activity, for example pet therapy, pampering, crafts, baking and games like bingo. Some people were out during our inspection and others were engaged with activities in the home, whether independently or engaging in games and conversations with care staff.

Apart from the person who had spoken with us about not wanting to move, we were not told of any other concerns about how care and support was provided. We looked at the provider's complaints record and found that none had been made since our previous inspection and none had been received from anyone by CQC.

One person was receiving end of life care due to a recent serious deterioration in their health. We looked at how this was being achieved and found that detailed consultation with the person [as far as possible], their family and health care professionals had taken place and their end of life care had been planned for.

Good

Is the service well-led?

Our findings

There was a clear management structure in place and staff were aware of their roles and responsibilities. Clinical governance, specialist advice about dementia care, pharmacist advice and visits by representatives of the provider took place regularly. This helped the service to maintain appropriate standards of care.

There was clear communication between the staff team and the managers of the service. There was an understandable degree of anxiety about the pending closure of the home. Staff members we spoke with did tell us they had been having regular discussions about the impact, not only for themselves, but we noted also importantly for people using the service.

During this inspection we observed care and nursing staff regularly communicating with each other and talking about people's care and support needs. There were regular team meetings with the opportunity to discuss specific topics and the day to day operation of the home, which we observed at a staff team handover.

We saw that staff were involved in decisions about the planned closure of the home and how to support people in this process and were kept updated of changes in the service. They were able to feedback their views and opinions. Staff were positive about the training opportunities available and felt that the topics that training offered were those that they needed to do their work.

The provider had a system for monitoring the quality of care. The home was required to submit reports to the provider about the day to day operation of the service, for example people's welfare, staffing matters and health and safety. The provider sought to learn from areas for improvement that were identified and acted to address these areas. Surveys were carried out centrally by the service provider across the trust and the results were published for the NHS trust as a whole.

We looked at how people and their families had been consulted about the closure programme currently underway at the home and plans for people's future care. An advocate visited the home regularly as a part of this process and regular meetings had been held between people using the service, with relatives included, care staff and senior provider managers. The provider had recognised the importance of this big change to people's lives and was taking all reasonable steps to ensure that consultation occurred and that the plans for closure were not rushed but took account of people's needs to be able to be involved in choices and plans for their future.