

Karuna Care Limited

St Aubyns Nursing Home

Inspection report

35 Priestlands Park Road
Sidcup
Kent
DA15 7HJ

Tel: 02083004285

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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 Aubyn's Nursing Home is a care home that provides accommodation and nursing care for up to 39 older people. At the time of the inspection 29 people were using the service.

People's experience of using this service and what we found

The home had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. People's medicines were managed safely. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed when they moved into the home. Risks to people had been assessed to ensure their needs were safely met. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training, regular supervision and annual appraisals of their work performance. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them. 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.

People and their relatives had been consulted about their care and support needs. People were supported to take part in activities that met their needs. The home had a complaints procedure in place and people and their relatives said they were confident their complaints would be listened to and acted on. There were procedures in place to make sure people had access to end of life care and support when it was required.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people and their relatives views into account through satisfaction surveys and residents forums. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff enjoyed working at the home and said they received good support from the registered manager.

Rating at last inspection: The last rating for this service was Good (published 11 August 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our caring findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our caring findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our caring findings below

St Aubyns Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an expert by experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Aubyn'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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, the deputy manager, a nurse, two care staff and the activities coordinator. We also spoke with a visiting healthcare professional and asked for their views on the care provided at the home. We reviewed a range of records. This included four people's care and medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I feel safe. It's because this is a very friendly place." A relative said, "My loved one could not be safer. The staff here are wonderful."
- There were safeguarding adults' procedures in place. Staff told us they would report any concerns they had to the registered manager and to the local authorities safeguarding team and CQC if they needed to.
- The registered manager knew they had to report abuse to the local authority and CQC; however, there had not been any recent concerns of abuse raised at the home.
- Training records confirmed that staff had received up to date training on safeguarding adults from abuse.

Staffing and recruitment

- We observed that staffing levels at the home were meeting people's needs. People using the service, their relatives and staff told us there was always enough staff on duty. One person told us, "There are enough staff. They come quickly if I ring my call bell." A relative commented, "The staff are always checking on my loved one. They always have two staff to help them move around." A staff member said, "There is always enough staff on duty, I never feel we need more."
- Staffing levels were arranged according to people's needs. The registered manager told us they used a dependency tool to assess the numbers of staff required to support people safely. If people's needs changed additional staff cover was arranged.
- Robust recruitment procedures were in place. Recruitment records included completed application forms, employment references, evidence that a criminal record checks had been carried out, health declarations and proof of identification.
- Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

Assessing risk, safety monitoring and management

- Risks were managed safely. People's care records included risk assessments, for example on choking, moving and handling and pressure sores. Risk assessments included information for staff about action to be taken to minimise accidents occurring.
- Where people had been assessed as being at risk of for example choking we saw advice had been received from appropriate health care professionals and their care plans recorded the support they needed from staff to ensure they could eat and drink safely.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. Staff had received training in fire safety.
- Records confirmed that the fire alarm system was being tested on a weekly basis and fire drills were

regularly being carried out at the home. There were also procedures in place to manage portable appliances, electrical and gas safety.

Using medicines safely

- People were receiving their medicines as prescribed by health care professionals. One person told us, "I get help with my medicines, absolutely fine." A relative said, "My loved one gets their medicines when they are supposed to."
- Medicines including controlled drugs were stored securely. Daily medicines fridge and room temperature monitoring was in place and recordings were within the appropriate range.
- People had individual medication administration records (MAR). These included photographs, details of their GP, any allergies they had and their preferred method of taking their medicines. There was guidance in place for staff on when to offer people 'as required' medicines such as pain relief.
- We saw MAR records had been completed in full and there were no gaps. Medicine audits were carried out on a regular basis. The outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon.
- Training records confirmed that staff responsible for administering medicines had received training and they had been assessed as competent to administer medicines.

Preventing and controlling infection.

- The home was clean, free from odours and had infection control procedures in place.
- We saw hand wash and paper towels in communal toilets and staff told us that personal protective equipment such as gloves and aprons were available to them when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring, investigating and learning from incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends and actions had been taken to reduce the likelihood of the same issues occurring again. For example, after a person presented particular behaviours they were referred to an appropriate health care professional for support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision and an annual appraisal of their work performance. One staff member said, "My training on moving and handling was very useful. I have worked here a long time and the way we support people with moving and handling is constantly changing. This training helps us to move people the right way."
- Training records confirmed that staff had completed training that was relevant to people's needs. This included for example, moving and handling, fire safety, food hygiene, health and safety, basic first aid, safeguarding adults, equality and diversity, dementia awareness, infection control and The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Nursing staff had completed training in clinical areas for example, pressure area care, catheter care and medicines. A nurse told us, "I have completed a lot of clinical training. If I feel I need further training, I speak with the registered manager and they support me to do further training. For example, I asked for refresher training on venepuncture and the registered manager has arranged this for me."
- Records confirmed that all staff had completed an induction, they were receiving regular supervision and where appropriate an appraisal of their work performance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We saw that a number of applications had been made to the local authority to deprive people of their liberty. Where these had been authorised, we saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by the provider.
- The registered manager and staff demonstrated a good understanding of the MCA and DoLS.
- Staff had completed MCA and DoLS training. They told us they sought consent from people when supporting them and they respected people's decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments of people's health care and support needs were carried out when they moved into the home. These assessments were used to draw-up care plans and risk assessments.
- Nationally recognised planning tools such as the Multi Universal Screening Tool [MUST] was being used to assess nutritional risk and the waterlow score were being used to assess the risk of people developing pressure sores.

Supporting people to eat and drink enough to maintain a balanced diet

- People received pre-prepared meals supplied for by an external company and heated up at the home. Menu planners listed each person's dietary needs for example, a requirement for a soft or fortified diet and size of portion. The home also employed a chef who prepared meals and snacks throughout the day. One person told us, "The food is good. You always get your dinner on time."
- We observed how people were being supported and cared for at lunchtime. The atmosphere in the dining area was relaxed and there was plenty of staff to assist people when required. Some people ate independently, some people required support and some people preferred or were supported to eat their meals in their rooms.
- Staff had a good knowledge of people's dietary requirements and preferences. After lunch we saw the chef sought feedback from people after they had introduced a new dish that people had requested.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with health and social care professionals to plan and deliver an effective service.
- A relative told us, "The staff are well trained. When necessary, they call the GP." A visiting GP told us, "The staff are good at identifying peoples need, even small things and everything is written up and ready for me when I get here. People are well looked after, and we don't get called out unnecessarily."
- We saw that peoples care records included health care appointments, and guidance for staff to follow to ensure people's needs were met; including information for example, from speech and language therapists and dietitians.
- The home employed the 'Red Bag Scheme'. A red bag would be sent with people transferred to hospital. The red bag contains information about the person's general health, any existing medical conditions they have, medication they were taking, as well as highlighting their current health concern.

Adapting service, design, decoration to meet people's needs

- People had access to equipment that enabled their independence and ensured their physical and emotional needs were met, for example, hoists, walking aids and wheelchairs.
- Health care professionals had assessed people's needs and supplied equipment that met their needs. For example, one person had been supplied with a chair which helped them to get out of bed and spend time the lounge. Other people used adaptive plates and cutlery so that they could eat independently.
- We saw appropriate signage throughout the home for example people's bedroom doors included pictures of things that were important to them to aid them with orientation.
- There was building work taking place to extend the home. This work nearing completion. This would provide each person with a single bedroom when the home was fully occupied [there were no people sharing a room at the time of the inspection]. There were also two new disabled toilets and a new lift and a nursing station.
- There was a large garden for people to enjoy in warmer weather. New garden furniture had been purchased to provide people a better outdoor experience.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives expressed positive views about the care provided by staff at the home. One person told us, "They [staff] are lovely people, I have no problems here." A relative commented, "The home seems comfortable and friendly. It's relaxing and caring here." Another relative said, "I am overjoyed at the way my loved one is being looked after. I have asked for their personal care to be done earlier in the morning, and they [staff] have obliged."
- People's care plans included sections that referred to their cultural and religious needs and relationships there were important to them. Staff told us a representative from a local Church visited the home to support people who wished to practice their faith.
- Training records confirmed that staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, had been consulted about the care and support they received. Care records were person centred and included people's views about how they wished to be supported.
- One person told us, "I have a care plan and they [staff] listen to my views about my care." A relative said, "I am involved in planning for my loved one's care. The staff are good at dealing with how my loved one behaves. They have plans in place to deal with all eventualities."

Respecting and promoting people's privacy, dignity and independence

- One person told us, "I am always treated with dignity and respect. The staff are very kind." A relative said, "The staff always explain to my loved one what they are about to do. They help them to get dressed and bring them to the lounge." Another relative commented, "They treat my loved one with absolute dignity and respect. They [loved one] are always told what is happening and the staff make it fun."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. When supporting people with personal care they explained to the person what they would be doing as they went along and by asking if they were happy to continue. Staff maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had introduced an electronic system for assessing people's needs and compiling, monitoring and reviewing care plans and risk assessments. A staff member told us, "The system is really easy to use, and care records hold more accurate and up to date details of people's care needs."
- Care plans described people's health care and support needs. For example, there was information for staff for supporting people with moving and handling and eating and drinking.
- People had oral health assessments and care plans in place. Care plans recorded people's daily routines and the support required from staff.
- Care records showed that people's care and support needs had been discussed with them and their relatives [where appropriate] to help establish their preferences in the way they received support.
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, a staff member told us how they supported a person at risk of falls to move around the home and how they supported another person at risk of choking to eat and drink safely.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood the Accessible Information Standard.
- People's communication needs were identified, recorded and highlighted in their care plans.
- The registered manager told us where appropriate people had been provided with information in larger print. Information could also be provided in different formats to meet people's needs, for example a person who was hard of hearing was supported to access information on a computer. They were also receiving support from the local authority's sensory service who had provided them with various communication aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to partake in activities that met their needs. One person told us, "The activities co-ordinator is very good." Another person said, "The activities are fine." A relative commented, "The activities co-ordinator is absolutely marvellous. She can do anything you ask. She is a great asset to the home."
- Activities included reminiscence, arts and crafts, skittles, music and sing a long, armchair exercise and visiting entertainers such as singers and pet therapists. We observed the activities coordinator playing games with people in the lounge and visiting people in their rooms. We also saw staff engaging with people

through games and conversation.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which was displayed in communal areas in the home.
- People told us they were aware of the complaints procedure and they knew how to make a complaint. One person said, "When I talk to management, I am listened to. Any complaints I make are dealt with immediately." A relative commented, "If I had any concerns they would be addressed immediately."
- Complaints records showed that when concerns had been raised they were investigated and responded to appropriately. When necessary meetings were held with the complainant to ensure they were satisfied with how their complaint was handled.

End of life care and support

- People's views on how they wished to be cared for at the end of their lives had been sought and recorded in their care records.
- None of the people currently living at the home required support with end of life care. The registered manager said they would work with the GP, the local hospice and family members to provide people with end of life care and support when it was required. Nursing staff had attended training with local hospices on supporting people at the end of their lives.
- The registered manager also told they were involved in a project run by a local hospice and the local authority for improving how people were supported with end of life care in care homes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a registered manager in post. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- The registered manager had a detailed knowledge of people's needs and the needs of the staff team. There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery.
- Staff spoke positively about the registered manager. They told us management support was always available for them out of hours when they needed it. One member of staff told us, "The registered manager listens to what I have to say. She has an open-door policy and I feel I am well supported. Team work and communication is really good."
- Regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. A staff member told us, "The meetings are very good. We talk about people's needs and how we can improve our caring. We also talk about what people need during our daily 11:30am meetings."
- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. They told us they regularly liaised with family members about any incidents, accidents or safeguarding concerns.
- A relative commented, "The manager is very approachable. Communication is really good, for example they even email updates to my brother who lives abroad."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Throughout the inspection we observed very positive interactions between people using the service and staff. It was obvious that people appreciated the staff who supported them.
- One person told us, "The staff understand my needs and they work extraordinarily hard." Another person said, "They [staff] know how to look after me. It is a really arduous job which they do very well."
- A visiting GP told us, "This is one of the better care homes I come to. The registered manager, nurses and care staff know what they are doing and any advice I give them is always followed. If I had to go into a care home, I wouldn't mind coming here."

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice.

They said they had regular contact with health and social care professionals and they welcomed their views on service delivery.

- An officer from the local authority commissioning team had visited the home the week prior to our inspection. They had made some recommendations for improvements at the home. The registered manager showed us an action plan they put in place to address the recommendations. The action plan confirmed that some of the recommendations had already been addressed in full for example nursing staff had updated people's medicines records.
- The registered manager told us they regularly attended forums run by the local authority to learn about and share best practice. At the last forum they were presented with a session on dementia awareness. When they returned to the home they provided staff with training on the topic. A member of staff told us, "We support some people with dementia so it's good to learn about the different aspects of the condition and how we can meet people's needs. I gained a lot from the dementia training."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- The provider sought people and their relative's views about the home through annual surveys. Feedback from the last survey in January 2019 was positive. Action had been taken following the survey, for example, where people said they were not aware of the complaints procedure this was discussed with individuals and again at the resident's forums. The registered manager told us a 2020 survey was due to be undertaken with people and their relatives.
- A regular residents forum was held at the home. These were held so that people and their relatives could discuss the running of the service. Issues discussed at the last meeting in October 2019 included the complaints procedure, an update on building works, activities, the food provided at the home and there were also discussions about Brexit and the Royal Family.
- The provider recognised the importance of regularly monitoring the quality of the service. Regular audits for example on health and safety, infection control, medicines and care records were carried out at the home. Monthly safety checks were also being carried out, for example on lifts, hoists and slings, window restrictors and the call bell system. Audits were up to date and actions were taken when necessary to ensure that care was provided in the right way.
- The provider regularly visited the home to speak with people using the service, relatives and staff about the care being provided. They held regular management meetings to discuss positive outcomes at the home and areas where improvement was required. At the last meeting on 21 January 2020 areas such as staff recruitment and training and medicines were discussed and actions for improvement had been identified for the registered manager and nursing staff to follow up on.
- The registered manager carried out unannounced night time visits. They told us they carried out these visits to check on for example, that repositioning charts were being completed and that people were being supported in line with their care needs.