

Sanctuary Home Care Limited

Montague Road Nursing Home

Inspection report

14 Montague Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 14 December 2016 and was unannounced. Montague Nursing Home provides accommodation and nursing care for up to 24 people. At the time of the inspection 22 people were using the service.

The home did not have a registered manager at the time of this inspection; however, the manager had started the process by submitting an application to register with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found clinical equipment such as a suction machine had not been checked regularly to ensure that it was clean and ready for use in an emergency. Creams and pumps that were open did not all have the person's name and dates of opening and expiry written on them. We found Pressure relieving mattresses had not always been accurately set for the person's weight.

People's medicines were managed safely by staff that had been trained in the safe administration of medicines.

People felt safe living at Montague Nursing Home. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. Recruitment processes were robust and helped to ensure that staff employed to deliver care and support for people were of a good character and suitable to meet people's needs safely. There were sufficient numbers of staff available to meet people's individual needs.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received the support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives told us that their family members were kept safe and well cared for when they were being supported by the service. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse. Potential risks to people's health and well-being were identified by staff and they knew how to manage these effectively and protect people from harm. Risk assessments were completed to keep people safe.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

People told us they felt the staff provided care and support in a way that promoted their dignity and respected their privacy. Staff were knowledgeable about people`s preferred routines and delivered care that was individualised to the person they were supporting.

People and their relatives were positive about the staff and the management of the service. The manager regularly audited the service and any improvements identified were actioned.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People's pressure relieving mattresses were not always set correctly and clinical equipment such as the suction machine, syringe driver, sphygmomanometer (blood pressure monitor) and glucometers were not regularly checked.

Creams and pumps that had been opened did not all have the opening and expiry dates added or the person's name.

Staff knew how to recognise and report abuse.

Individual risks were assessed and reviewed.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

Is the service caring?

Good 

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes

and responded accordingly.

People's dignity and privacy was promoted.

Family and friends were welcomed at any time.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

Regular meetings were held for people and their relatives to share their opinions about the service.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Is the service well-led?

Good ●

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

Staff understood their roles and responsibilities and worked well as a team.

The atmosphere at the service was open and inclusive.

Montague Road 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 December 2016 and was unannounced. The inspection was undertaken by one inspector, one expert by experience and one specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Our specialist advisor was a qualified nurse who reviewed people's care plans to ensure that people were receiving good care.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us

During the inspection we observed staff support people who used the service, we spoke with five people who used the service, the chef, an activity co-ordinator, seven staff members, the manager, area manager and the deputy manager. We spoke with relatives of two people who used the service to obtain their feedback on how people were supported to live their lives. We also 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.

We reviewed care records relating to six people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People and their relatives told us that people were safe living at Montague Nursing Home. One person said, "Got a bell, they come right away, I feel safe, staff chat to me and are always nice, they shower me, weigh me and they are not rushed". Another person commented, "I feel safe and they [Staff] come and say are you alright and the nurse comes and gives me my tablets".

We asked the deputy manager if regular cleaning and checks were made on the clinical equipment such as the suction machine, syringe driver, sphygmomanometer (blood pressure monitor) and glucometers. They told us that this did not routinely happen. In line with good practice, all clinical equipment that is not in regular use needs to be checked at least monthly, to check it is clean, in full working order and has all the necessary equipment with it. This helps to ensure that when needed quickly, such as the suction machine in the case of a choking incident, all equipment is to hand and fit to use. The manager said that they would review this and specify the equipment that should be checked, the manager will maintain a weekly check.

We found examples where the label had worn off a tube of cream and no name or dates were visible. There were other examples found with no clear name or dates on the tube. All creams in tubes or pots where people's fingers have to access the contents should have an opening date and an expiry date put on the container. This is to lessen the risk of cross infection as fingers, even with gloves on, can be contaminated and bacteria may develop in the container.

People's medicines were managed safely by staff that had been trained in the safe administration of medicines. We looked at random samples of medicines to check stock levels and we found that all the samples were correct. We looked at medicine administration records (MAR) we found these had been completed correctly. We observed the nurse during the medicine round they wore disposable gloves and asked for people's consent before dispensing their medicines.

We saw when a specific medicine had been given the behaviour of the person following the medicine had been recorded. This was good practice and provided information to other registered nurses and the GP concerning the effects of the medicine. This information could then be used to make decisions regarding future medicine management.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as falls, nutrition and bedrails. We found that other professionals were involved in people's care for example, one person who required a soft diet had input from the dietician. We looked at people's food and fluid charts and repositioning charts these were completed correctly. However we noted that pressure relieving mattresses were not always set correctly. For one person, whose records stated that the mattress setting should be 60kg, we noted that their mattress had been set below 50kg. This was despite the records having been signed daily by staff to confirm they had checked the settings. When mattresses are not set correctly this can increase the risk of pressure ulcers.

Staff had received training in safeguarding people from avoidable harm. They were knowledgeable about the potential risks and signs of abuse and able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. One staff member said, "We make sure that the environment is safe with no trip hazards, we ensure hoists and wheelchairs are maintained." They went on to tell us about one person who had been at risk of financial abuse and they explained that this had been reported and safeguards had been put in place to prevent any further risk of financial abuse. This demonstrated that staff were responsive to concerns of abuse and followed the correct reporting procedures to keep people safe. Another staff member commented, "I would report any concerns to the nurse and the manager."

We looked at staff records with regard to their recruitment and employment at the home. We found that staff had checks in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References checks were confirmed before staff started work at the service. One staff member told us, "The recruitment process was good, they asked about my knowledge around care. I had a test to see if I had the qualities to do the job." Staff also confirmed that they had completed a job application and had been asked to provide references.

There was enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. One staff member told us, "You could always do with more staff but we manage well as a team. They [People who used the service] are safe and cared for." A relative commented, "[Name] is lucky to be here, the staff are really nice and friendly, [Name] is always nice and clean and their room clean. Always staff around and staff knows them well."

Is the service effective?

Our findings

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. We saw one person asked by staff, "What chair would you like to sit in?" One person asked to have their hair cut but had not previously booked an appointment. We saw that their wish was accommodated.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that where required. The manager had made Deprivation of Liberty safeguards [DoLS] applications to the local authority which were pending an outcome. We noted that people's consent was obtained before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. For example consent had been obtained for the person's care plan, for their photograph to be taken and consent to take their medication.

Staff we spoke with confirmed they had received an induction when their employment commenced. All staff had access to regular training. One staff member said, "We have regular training and I have been observed and assessed by the nurse and we get feedback and guidance." Staff told us that they received regular supervisions. One staff member said, "I feel supported 100% by the manager they ask me if I have any needs and you don't have to wait for supervision. If you have any problems you can just go and see the manager."

Staff confirmed they attended regular meetings to discuss all aspects of the service. One staff member told us that they felt listened to and gave us an example of where ideas from staff had been implemented to improve the way they provided care. For example the way people's daily notes were stored had improved and the staff member told us, "The new system works really well."

We spoke with the head chef about people's nutritional needs. The chef demonstrated they used a system that included people's likes and dislikes and their dietary requirements. This included records of people's allergies, fortified diets and correct textures for example, pureed diets. We observed the food was well presented and looked appetising, people were observed enjoying their food. One person said, "Food is excellent, got more than one chef and they even ask how I am". One relative said, "Food is very good the kitchen staff and chef will cook anything for them [people who lived at Montague nursing Home]." They

went on to tell us that, "One lady likes to have an omelette or salads and you just have to ask. The meals are excellent". We observed people eating their lunch the atmosphere was calm with lots of laughter and social interaction. Staff gave lots of encouragement and supported people's independence with the use of specialist equipment for example, plate guards to aid with eating independently. We observed people ate at their own pace this was confirmed by one staff member who told us that one person will eat everything and it might take them an hour but it was how they chose to eat their food.

People had access to a range of professionals to ensure their health needs were fully met. People told us that they received good support with their health care needs. For example we saw people had input from the GP weekly, physiotherapist, speech and language therapists, chiropodist and the dentist.

Is the service caring?

Our findings

The environment throughout the home was warm and welcoming. We saw that people had individualised rooms that were personalised with many items that had been brought in from people's own homes such as ornaments and pictures.

The atmosphere in the home was calm and friendly as we walked around the home we saw staff greeted people by their names they took the time to stop and talk. Staff were friendly, courteous and smiling when approaching people.

Staff addressed people using their preferred names and it was clear that staff knew people well. They knocked on people's doors and greeted them when they entered their room. People's privacy and dignity was promoted. We observed staff closing people's doors when they offered personal care and they made sure people looked presentable and well kempt. One staff member said, "It's important to tell people what you are doing. Would you like your hair washed? is the water temperature ok?" They went on to say that they promoted people's independence by encouraging them to do what they could. We observed staff greeting one person's relative who had come to visit them, they were greeted by name and made to feel welcome and offered a hot drink.

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. People and their relatives told us that the support the staff provided was excellent. They said that the staff were caring and respectful. One person said, "Staff they are very good, marvellous, very kind and very friendly here. I am very happy here."

People and their relatives had been fully involved in the planning and reviews of the care and support provided, something that was reflected in the detailed guidance made available to staff about how people wanted to be cared for. One relative commented, "They [Staff] ask me to look at the care plan and sign it, they keep me informed." They went on to explain that the care plan was reviewed regularly and that at the moment their relative's medicines were under review and they were waiting on the mental health team and GP. We saw that people had been supported to discuss their end of life plans to ensure that their wishes were known and respected.

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about advocacy and how to access independent advice was prominently displayed and made available to people and their relatives.

Is the service responsive?

Our findings

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Montague Nursing Home. One relative said, "We had a meeting, we get notices about them. They ask for any suggestions to improve people's lives, they are open to suggestions."

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, a care plan for a person who displayed behaviours that could challenge others included good guidance for staff on the triggers and actions on how to best manage this. However the person's behaviours had escalated during personal care, the manager confirmed that they had arranged for the person to have an independent assessment due to their specific requirements. This showed that changing needs were reviewed and responded to.

People received personalised care that took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to support people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported with personal care. For example, one person who had been diagnosed with dementia enjoyed going out daily to the local town.

We saw that risk assessments were in place to support the person. The local supermarket and police were aware of the person's details and the person and their relative had been involved in the risk assessment process. The person had consented to photographs to be given to the police and to the supermarket. The manager told us that staff were clear about the person being able to access the community independently; they noted when the person left the home and what they were wearing. The registered nurse told us that staff checked the suitability of the person's outdoor clothing, as the home was warm and they had a tendency to want to go out without a suitable coat on. □

Opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. One person told us about their art work, "I made that butterfly there (They pointed to the butterfly on the wall). We have parties that are out of this world, I go to the town in my wheelchair and I go to the bank. They [Staff] take me down to the sea front." We observed activities taking place during our inspection. We saw from the activities schedule that there were group and individual activities provided. One relative confirmed that the activities person engaged their relative in their own room.

There was a breakfast club held each Thursday where people, their relatives and staff could socialise and have a cooked breakfast. The manager told us that this had created a lovely atmosphere and helped break down barriers between staff, people and their families. The people who lived at Montague Nursing Home had recently had their Christmas lunch and this had been attended by 41 people. There had been entertainment provided by a singer and one person told us that, "Next week we have booked a keyboard singer." The activity co-ordinator told us, "I love my work, it's wonderful here. Caring is part of my job not just

the activities." The manager told us that the activities had received an additional 28 hours for next year's budget. They confirmed this was to support people out in to the community and with a wider range of activities.

People we spoke with were aware of how to complain one person told us, "If I had any problems I would speak to the manager." There was guidance on how to complain displayed at the home and a suggestion box for people and relatives to use. We saw that where complaints had been received these had been dealt with in line with the provider's complaints policy. All the complaints we reviewed had been responded to. We also saw there were lots of thank you cards and letters about the good care received.

Is the service well-led?

Our findings

People who lived at the home, relatives and staff were all positive about how the home was run. They were complimentary about the manager who they described as being approachable and supportive. One staff member told us, "The manager is the best manager we have had here because they are friendly and approachable. They know how to speak to the residents and we always see them about." The staff member also told us that the manager was very hands on and will support the staff. A relative said, "The manager is fine, excellent, cheerful and always there to talk to." One person commented, "It's like a family, could not be in a better place."

The manager started their new managerial role on the 25 July 2016 and had applied to become the registered manager on the 24 November 2016. They were knowledgeable about the people who lived at the home, their needs, personal circumstances and relationships. Staff understood their roles and they were clear about their responsibilities and what was expected of them. A staff member commented, "All the staff work as a team, the nurses are approachable and we know our jobs. When we come in we check our rotas." Staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported for example, dementia and challenging behaviour. One staff member said, "I feel supported by everyone, we have a lovely team here."

The manager told us they felt supported by the provider. They told us they were supported by the area manager and had regular monthly meetings with other managers to talk about any concerns or ideas they had, there was lots of daily communication. The manager had been supported with their training and development. The manager confirmed they completed spot checks on a regular basis to ensure best practice and support staff and people. The manager said, "I feel supported and the [provider] listens to and responds to things we need." We were told that the lift had broken down and that the part needed would have to be made and this would take time. The manager was supported by the provider to have a stair lift installed as an interim measure to support people. This showed that people's needs were responded to. The manager told us that they have a good team around them. There was a clear staff structure and staff were aware of their roles and responsibilities. There was a new deputy manager who had recently started.

The provider ensured audits were undertaken by other managers to ensure best practice. There were systems in place to monitor the quality of the service. We saw that the manager had completed audits of the service to identify where improvements were needed. There were action plans in place to make improvements. For example, there had been refurbishment completed on all en-suite facilities and the personalisation of people's rooms to create a more homely environment.

Surveys were sent out to ensure people, relatives and staff had a voice, this was supported with regular meetings. We saw that this resulted in different activities happening and people's likes and dislikes regularly reviewed; this ensured that people's changing needs were responded to. For example people indicated they wanted different cereals and chocolate bars and the area manager confirmed these are now regularly ordered. Staffing levels had increased during the day and the evening to meet people's needs and new

movement sensors had been installed in the home to better monitor people at risk of falls.

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect, for example in relation to one person's behavioural needs and we saw that people's falls were reviewed and risk assessments in place to improve their safety and independence.