

St Vincent's Hospital

St Vincent's Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of St Vincent's Nursing Home on 7 and 8 June 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 24 and 25 October 2017 comprehensive inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe? and is the service well led? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

St Vincent'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.

St Vincent's Nursing Home provides accommodation for a maximum of 60 people. The service has four units each of which accommodates 15 people in single rooms with en-suite facilities. Each unit has communal dining, sitting rooms and bathing facilities.

Although there had been improvements with the provider's auditing and monitoring processes there was still work needed for some aspects to ensure they were all robust and any shortfalls could be identified and addressed promptly.

Improvements had been made with the management of medicines to ensure people received their medicines safely. Improvements had also been made with the identifying and recording of risks. Risk assessments for individuals, equipment and safe working practices were in place to mitigate risks and were followed by staff.

Recruitment procedures were in place and being followed to ensure staff were suitable to work at the service. Infection control procedures were also appropriately implemented. Incidents were discussed with the staff team and where required action was taken to learn from them.

People and relatives felt confident to approach the management team with any issues and said these were addressed. Staff said the registered manager and deputy manager were approachable and supportive. Meetings for staff, people and relatives took place so they could express their points of view and help improve any areas that required attention.

The provider worked with other agencies to meet the health care needs of people using the service. They followed good practice guidance and legislation to keep up to date with changes relevant to the service.

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.

Improvements had been made with the management of medicines to ensure people received their medicines safely.

Improvements had been made with the identifying and recording of risks. Risk assessments for individuals, equipment and safe working practices were in place to mitigate risks and were followed by staff.

The provider implemented their recruitment procedure to ensure staff were suitable to work at the service.

Infection control procedures were in place and being followed.

Incidents and events were discussed and action taken to learn lessons from them and improve practice.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led.

Although there had been improvements with the auditing and monitoring processes there was still work needed for some aspects to ensure they were all robust and any shortfalls could be identified and addressed promptly.

People and relatives felt confident to approach the management team with any issues and said these were addressed. Staff said the registered manager and deputy manager were approachable and supportive.

Meetings for staff, people and relatives took place so they could express their views about the service and help improve any areas that required attention.

The provider worked with other agencies to meet the health care needs of people using the service. They followed good practice guidance and legislation to keep up to date with changes relevant to the service.

St Vincent's 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.

We undertook an unannounced focused inspection of St Vincent's Nursing Home on 7 and 8 June 2018. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our October 2017 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe? and is the service well led? This was because the service was not meeting some legal requirements.

The inspection was carried out by two inspectors.

During the inspection we viewed the medicine administration record charts for 15 people and carried out stock checks of 30 boxed medicines and the monitored dosage system blister packs for 10 people. We also looked at two staff files, risk assessments and associated care plans for six people and a selection of risk assessments for the premises and equipment. We sampled food choices records, servicing and maintenance records for equipment and the premises, audit reports and policies and procedures.

We spoke with nine people using the service, one relative, the registered manager, the deputy manager, three registered nurses, three care workers, one activities assistant, two members of the catering staff and the maintenance person. We also spoke with the Chairman of the Board of Trustees and a human resources consultant.

Is the service safe?

Our findings

At the inspection in October 2017, we found a breach of regulations relating to the safe care and treatment of people. We found that individual risk assessments were in place but risks were not always accurately recorded. The staff had not always identified risks in the care records and updates did not always accurately reflect changes in people's needs and risk levels so appropriate plans could be put in place to mitigate these risks. We also found shortfalls in the medicines management. Following the inspection, the provider sent us an action plan to be met by 31 January 2018, which indicated how they would address the identified breach of regulation. At our inspection in June 2018 we found that improvements had been made.

Assessments to identify risks faced by people while receiving a service included those for nutrition, skin integrity, pain and moving and handling were in place and reviewed every two months or if a person's condition changed. Need specific risk assessments were seen for identified risks such as falls, safety in the event of a fire, use of bedrails and wheelchair safety. Falls risk assessments had been reviewed and updated following falls. However, in two people's care plans we saw that although the provider followed the correct procedures after the people had falls, they did not update the care plans to reflect the risk assessments completed after the falls. These indicated that after the falls, both people required extra support with personal care. The registered manager and deputy manager explained the care plans were not updated as the extra assistance was a temporary measure and long term the care plans remained the same. We discussed the importance of updating a care plan, even if it is only a temporary measure. A monthly review of falls and analysis was completed to look at the falls pattern and note any trends.

Where someone needed assistance with receiving fluids, we saw this had been identified in the care plan for eating and drinking and their intake was recorded on a fluid intake chart, so this was being monitored.

Where someone had a food allergy, this had now been recorded in their care plan and also on the menu choice list so the kitchen staff were aware of any allergies. The kitchen staff told us if they made any foods that contained nuts, for example, then they labelled the item clearly as containing nuts so staff on the units were aware when serving people. Any allergies were also clearly identified on all the medicine administration records (MARs).

Risk assessments for the use of equipment and for safe working practices were also available and were updated annually or when there were any changes to keep the information current. We sampled some of the maintenance checks and saw that equipment was being serviced at the required intervals and action was taken to address any repairs that were identified. Call bells were available and people could also have a necklace pendant so they could call for help wherever they were in the service if necessary.

At the last inspection we found a discrepancy related to medicines management between the numbers of tablets signed as given and the number of tablets in stock for several boxed medicines, mainly for the anticoagulant medicine warfarin. We carried out a check of eight warfarin stocks and found these tallied with the number of tablets supplied and signed for on the MARs. The provider had introduced a warfarin check form and staff administering the warfarin completed this after each dose was administered, so there

was a running stock check alongside the MARs.

With the exception of one person, for whom we found a one tablet discrepancy in the anticipated stock for each of three medicines, all the boxed medicines we checked tallied with the numbers supplied and signed for on the MARs. For the person with the discrepancies the MAR had been signed, indicating the medicines had been given as prescribed. The deputy manager said they would investigate this and also start additional stock checks for all boxed medicines, to minimise the risk of recurrence.

Where medicines were supplied using the monitored dosage system, all the stocks we checked tallied with the number of signatures on the MARs. There were no gaps on the MARs we viewed and these were all signed and up to date. Where a medicine had been omitted the relevant coding had been used to indicate why. There was a check list for the nurses to sign after the medicines rounds to confirm they had checked the MARs were all signed.

At the last inspection there were no protocols in place for 'as required' (PRN) medicines. At this inspection these were in place for each person who was prescribed PRN medicines, with the dose, frequency, reason to offer the medicine and the expected outcome, so staff had this information to hand when considering or asking if someone required a PRN medicine.

Receipts and disposal of medicines were recorded and each unit had pharmaceutical bins for any unwanted medicines, which were returned to the dispensing chemist for disposal. The nurses ensured any changes made by the GPs to the dosage of a medicine, for example the frequency of a pain relieving medicine, were reflected on the MARs.

On three of the units people had an individual secure medicine cabinet in their bedroom so their medicines were with them. The registered nurses explained they went to each individual and gave them their medicines from the cabinets and people confirmed this. On a fourth unit the medicines were in a medicines trolley from which the nurses carried out the medicines rounds. People told us their medicines had been explained to them so they knew what they were for and they received their medicines when they were supposed to.

We saw that where someone needed to have their medicines crushed because they were unable to swallow, this had been assessed and agreed and signed for by the GP. If people were receiving their medicines covertly they had been assessed and agreed by the GP. Assessments had been carried out for people who were self-medicating and a risk assessment for this was also in place.

Some of the care workers had undertaken medicines training and had also had their competency assessed to assist the nurses with administering some people's medicines. They explained this was done when the nurse was present and was for specific times, for example, if they were assisting a person with their meal and the medicine needed to be taken with food. We saw an example of the assessment carried out and the deputy manager explained that the registered nurse always retained responsibility for the medicine administration.

Controlled drugs (CDs) were securely stored and records were up to date and clear. Weekly stock checks were carried out and recorded in the CD book. Medicines requiring refrigeration were being stored appropriately and daily medicine fridge temperatures were recorded and those viewed were within safe ranges. Room temperature checks for the medicine storage rooms and for a bedroom on each unit were carried out and those we viewed were in safe range. We saw that one had risen very slightly over this range and the nurse explained that if the room temperature was found to be rising then a fan was used or the

restricted windows opened a small way to cool the room down.

People told us they felt safe at the service and were confident to report any concerns they might have. The relative we spoke with also confirmed this. They said, "Do I feel [family member] is safe here? Yes I do!" Procedures were in place for safeguarding people from abuse and all the staff we asked understood the procedures to follow if they had any safeguarding concerns. They knew to report concerns and also knew the outside agencies they could contact including the local authority if the provider did not address the concerns. Notices with contact details for the local authority were on display on each unit so they were available to anyone who might require them.

Recruitment procedures were in place and being followed to ensure only suitable staff were employed. Application forms had been completed and reasons for leaving each job were explained. There were no gaps in employment dates seen and the interview checklist included exploring any gaps in employment with the applicant. Two references had been obtained and included one from the applicants' previous place of employment. Health declarations had been completed. Other checks included Disclosure and Barring Service (DBS) checks, proof of identity, right to work in the UK and verification of the registered nurse qualifications (where the applicant was a nurse) and right to practice.

Infection control procedures were in place and being followed. The home was clean and fresh throughout and people told us their rooms were cleaned each day and we saw the domestic staff with their trollies going around each unit during the inspection. People said staff wore personal protective equipment (PPE) such as disposable gloves and aprons when assisting them with personal care, plus different blue aprons when serving and supporting people at mealtimes.

Staff were clear about infection control procedures including hand washing techniques and the use of PPE. They were also able to describe how they might identify an infection and the action to take as a result. If people required the use of moving and handling equipment such as a hoist, people had their own slings in their rooms and staff confirmed there were spare slings for use if one was being washed so people could still be moved safely. The shower heads were cleaned every three months and annual checks for legionella were carried out to minimise the risk of infection.

We asked staff about learning from incidents to minimise the risk of recurrence. Staff confirmed this did happen and that they were kept informed of any changes to a person's care or ways of working to ensure people's safety. We saw that when fire drills took place a report was written and this included any observations of where staff had not followed the procedure fully. The maintenance man explained that they always had a debriefing session after the fire drills to discuss how it went and any issues identified so staff were aware, and said they would include this information in the records in future. Fire checks viewed were up to date and fire equipment had been serviced at the required intervals.

Is the service well-led?

Our findings

At the inspection in October 2017, we found a breach of regulations relating to the good governance of the service. We had found that although there were auditing and monitoring processes in place, these were not robust and did not always identify changes and shortfalls so they could be addressed. Following the inspection, the provider sent us an action plan to be met by 31 January 2018, which indicated how they would make the necessary improvements. At this inspection, although improvements had been made there were still areas that we found where the auditing and monitoring processes were not robust.

The discrepancies noted with one person's boxed medicines highlighted the importance of monitoring systems to identify any such discrepancies promptly so they could be investigated.

Since the last inspection the provider had improved their monthly evaluations of care plans, however it was still not clear from the evaluations that these were discussed with people and their relatives where appropriate. These were completed by the registered nurse in each wing and they told us that they did discuss care plans with people and their relatives, and some people using the service we spoke with were able to confirm they knew about their care plan. However, this was not documented in the care plan review.

We looked at the incidents file and saw response letters to a number of incidents that included both staff performance issues and complaints from families. The letters indicated that a meeting or conversation with the relevant parties and the registered manager had taken place, but there was no evidence of investigations or outcomes and future preventative measures. When we discussed this with the deputy manager they said they would create a template to record how they were investigating incidents and the outcomes.

The service had data management systems in place to monitor service delivery and improve the service to meet the needs of the people using it. The registered manager had a database that indicated when each audit should be completed.

Following the last CQC inspection the registered manager redesigned the quality assurance forms that the trustees used when they carried out their monitoring visits, to expand the areas they reviewed as part of this process. These were completed every two to three months and were a comprehensive audit of the service that included care plans, risk assessments, residents' meetings, activities, staffing and training. This provided an overview of the service so areas for improvement could be identified.

Audits completed for each individual care plan covered areas such as, skin integrity, mobility, nutrition, personal care, pain and communication and included multidisciplinary notes and additional information, for example fluid charts and daily notes. The audits had an action plan and this was signed by staff when completed.

There was a file where records relating to any falls that people had were maintained. We viewed monthly analysis of falls and the registered manager sent a falls analysis to the local authority every three months to

keep them informed of any trends in this area. The last infection control audit was completed in March 2018 with a compliance rating of 96% and included a plan of action to improve areas of non-compliance. Monthly medicines audits were completed as were people's dependency scores which included the actual level of scores and the staffing. This meant the provider could base the number of staff the service required on people's assessed needs.

All the staff confirmed that the management team were approachable and supportive and staff worked well as a team. Their comments included, "[Registered manager] is always very supportive. There is a very friendly atmosphere here from all the staff", "The management are very supportive and easy to approach and will discuss anything I need to know" and "If we have any problems we can approach them [management team] and they will respond immediately."

People said they were happy at the service. One person said, "It is as near perfection as one could hope for. I have been very happy here since the moment I came." Another said, "[Registered manager] is very kind and caring and manages the home extremely well."

People confirmed that resident's meetings were held every three months and they were asked for their input and were listened to. One person said, "They follow it through and come back to you." People had recently completed satisfaction surveys and felt able to express their opinions. The relative we spoke with was happy and said they had been asked for their opinion on how things were going for their family member and felt listened to. Staff said they had unit meetings every month and a full staff meeting every three months. They were able to express their opinions and any issues were discussed so they could be addressed. The registered manager had an 'open door policy' so people using the service and families could come in and discuss concerns whenever they wanted to.

The registered manager told us after our last inspection, the team "rallied around to address the [findings of the] CQC inspection. We became more aware of what each other were doing." For example, in addition to updating the audits, they changed the format of the care plans to make them clearer to read and improved the counting of medicines, the areas that were highlighted at the last inspection.

Policies and procedures were in place and the majority referenced the related legislation and good practice guidance. Policies relating to data protection matters had recently been updated to reflect the changes in the data protection laws and protocols. To keep up to date with current legislation, guidance and good practice, the deputy manager said they attended the local authority provider forums. Registered nurses, including the registered manager, received updated information from the Nursing and Midwifery Council and had to keep their development plan and revalidation up to date. The provider also worked in partnership with other agencies such as the GP who visited the service once a week, hospitals, the local authority and an optician and dentist who both visited the service.