

## St Anselm's Nursing Home

# St Anselm's Nursing Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

St Anslem's nursing home is a care home that was providing personal or nursing care to 26 adults who have mental health needs and may be living with dementia.

People's experience of using this service:

- People indicated and told us they felt safe living at the service, however, not all areas of the service were consistently safe.
- Staff administered people's medicines, but these were not managed safely, putting people at risk of not receiving their medicines as prescribed.
- People were supported by sufficient numbers of staff who knew them well and their choices and preferences, however, staff had not been recruited safely.
- People were living in an environment that smelt of urine and the carpets were worn and stained.
- Environmental checks and risk assessments were not consistently recorded or updated, to make sure that the environment was safe for people.
- Checks and audits on the quality of the service had not been consistently completed and were not effective in identifying the shortfalls identified at this inspection.
- When accidents and incidents occurred, action was taken to reduce the risk of them happening again and these actions had been effective. However, they had not been analysed to identify patterns and trends.
- Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to manage behaviour and keep people safe.
- Staff and the registered manager understood their responsibility to protect people from abuse.
- People's needs were assessed creating a detailed care plan, which was reviewed regularly. Where possible people were involved in planning their care.
- People were encouraged to make decisions about their daily lives and supported to live their lives with the least restrictions possible.
- People benefited from access to healthcare professionals and staff followed their guidance to keep people as healthy as possible.
- People knew how to complain, their concerns were investigated and used to develop their care plans.
- We observed people being treated with kindness and respect. People were supported to be as independent as possible.
- People benefited from an open and relaxed atmosphere in the service. They appeared to be comfortable in the company of the registered manager, who knew and understood their needs.

Rating at last inspection:

Good (report published 25 October 2016).

Why we inspected:

This was a planned inspection planned on the rating of the last inspection. We found that the service no longer met the characteristics of Good. The domains of safe and well led are now rated Requires

Improvement. The overall rating is now Requires Improvement.

Follow up:

We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was not always safe  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective  
Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# St Anselm's 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team:

This inspection was undertaken by one inspector.

#### Service and service type:

St Anselm's nursing home is a care home. People in a care home receive accommodation and nursing or personal care. 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.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed the information we had received about the inspection since the last inspection. This included details about incidents the provider must notify us about, such as abuse. Due to technical problems, the provider was not able to complete a Provider Information Return. 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 reviewed four care plans and risk assessments

- Medicines records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Spoke with almost all of the people living at the service and completed observations in the communal areas.
- Spoke with the registered manager, the provider, administrator, one nurse and two care staff.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- During the inspection we observed the nurse administering medicines in a way that did not follow good practice guidelines. The nurse had dispensed three people's medicines in the medicines storage room and had taken these in pots down to the lounge, to give people their medicines. There was a risk that people would receive the wrong medicines, as medicines had not been dispensed individually and given immediately to the person.
- When medicine instructions are hand written, it is best practice for the instruction to be signed by two staff, to confirm it is correct. This had not been done consistently, two hand written instructions had not been signed at all.
- Some medicines were prescribed in liquid form and stored in bottles. These medicines are effective for a limited time once opened, it is best practice to the opening date so that staff know when to stop using the medicine. Staff had not recorded the opening date of liquid medicines and there was a risk that people would receive medicine that was no longer effective.
- The records of the administration of medicines were not accurate. Some medicines need to be administered by two people and a book signed, on two occasions the date in the book and the date recorded on the administration chart did not match. There was a risk that the medicine had not been given as prescribed.
- Some people were prescribed pain relief patches that were renewed every seven days. On the day the patches were changed, staff did not have a set time to change the patch. Records showed that the patches had been changed at various times, for example, one patch had been changed at 9.20am one week and then at 7.30pm the next week. There was a period of 10 hours when the patch would not have been effective, there was a risk that people would not have been pain free during this time.
- Some people were prescribed medicated shampoo, which should be stored safely, during the inspection this was found in the communal bathroom. There was a risk that people who were not prescribed the shampoo would use it.

The provider had failed to ensure the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels:

- Staff had not been recruited safely, the provider had not completed checks following the legal requirements.
- Regulations require staff provide a full employment history since leaving school. The provider's application form requested only five years employment history. Records reviewed showed that the provider had not consistently obtained any employment history.

- The provider is required to obtain a reference from the person's previous employer and obtain references about their conduct in previous social care employment. This had not been consistently completed. For example, references for one person who had previously worked in social care, were not from their last employer or related to their previous roles in social care.
- Disclosure and Barring Service (DBS) criminal records check helps employers make safer recruitment decisions. Records reviewed for staff recently employed did not have evidence that a DBS had been completed and the result had been received. We discussed this with the administrator, who told us that the company who completed the checks for them had stopped sending them confirmation of the result. The provider had not acted to ensure that the result was evidenced in the recruitment records.

The provider had failed to operate recruitment procedures effectively to ensure that persons employed meet the conditions in the regulations. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff to meet people's needs, the number of staff were calculated according to people's needs.
- When staff were unable to cover sickness or holidays, regular agency staff were used.
- During the inspection, we observed staff responding quickly to people's needs and providing one to one support when needed.

Preventing and controlling infection:

- During the inspection, there was a strong smell of urine around the building. The odour was apparent in the main reception, communal lounge and in most of the corridors.
- The carpets in these areas were worn and stained.
- Previously, a complaint had been received by the service, from a health professional about the smell of urine in the service. Records showed that the provider had investigated and the result was that the carpets would be cleaned regularly. The registered manager confirmed that the carpets were deep cleaned, but this had not been effective and no further action had been taken.

The provider had failed to make sure that the premises were free from odours that are offensive or unpleasant. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in infection control.
- We observed staff using gloves and aprons as appropriate.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- Environmental risks had been assessed and there were risk assessments in place, however, these had not been reviewed since 2015.
- A fire risk assessment had been completed but had not been updated since 2014. Checks had been completed on fire equipment and each person had an emergency evacuation plan. However, fire drills had not been completed for staff and people.
- The testing of electrical appliances was being completed by the maintenance person, however, these had not been recorded anywhere. There was no plan in place to make sure electrical equipment was tested when required.
- The hot water system had valves to regulate the temperature to lower than 44 degrees to reduce the risk of scalding, however, water temperatures were not tested to make sure that the valves were effective. The maintenance person told us that when valves were not working they had been replaced, but there was no record of this.



- Accidents and incidents had been recorded, however, these had not been analysed to identify any patterns or trends.
- When accidents and incidents had taken place, the registered manager reviewed the individual report and acted to reduce the risk of them happening again.
- The registered manager had not formally assessed and recorded if the action had been effective.

The provider had failed to assess, monitor and improve the safety of the services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Potential risks to people's health and welfare had been assessed and staff had detailed guidance to help reduce the risks.
- When people had health conditions such as diabetes, there was detailed guidance about the signs and symptoms to look for when people were unwell. There was also information about the range of blood sugar levels that were normal for the person.
- Some people had behaviours that challenge staff and other people. Staff had guidance about how to manage people's behaviour, including the signs and triggers of the behaviour. The guidance informed staff how to manage the behaviour, progressing in steps if the previous action had not been effective.
- Staff were observed putting the guidance into practice and the action taken was effective.

Systems and processes to safeguard people from harm and abuse:

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware of how to recognise and report any concerns they may have. They were confident that the registered manager would deal with any concerns they may have.
- The registered manager had reported any concerns to the local safeguarding authority and taken appropriate action to keep people safe.

# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager met with people before they moved into the service to make sure staff would be able to meet their needs.
- People's needs were assessed using recognised tools such as Waterlow to people's skin integrity, following best practice guidance.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment, this included people's needs in relation to their culture and religion.

Staff support: induction, training, skills and experience:

- Staff received training appropriate to their role including specific topics such as diabetes and safe restraint.
- Training involved online and face to face sessions. Outside specialists in topics such as safe restraint provided training and guidance for staff, new staff received the training before they could provide the support.
- Staff understood best practice following restraint being used and confirmed they completed records about incidents followed up by a discussion with the nurse or registered manager.
- Nurses received training to keep their skills up to date and support their revalidation to remain registered to practice.
- New staff completed an induction including shadow shifts working with more experienced staff until they felt and had been assessed as competent to work independently.
- Staff received regular supervision and appraisal to discuss their development and update their skills.
- The registered manager worked with staff to make sure their work met the standard required.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were given a choice of meals, people were offered snacks and drinks throughout the day.
- People had a choice of where they ate their meals, including the dining room, communal lounge and their rooms.
- We observed part of the lunchtime meal, the food looked fresh and appetising.
- People told us they had enjoyed their meals, there was a relaxed atmosphere and staff were chatting with people.

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

- Staff monitored people's health and referred them to relevant health professionals when their health needs changed. When people lost weight, they were referred to the dietician, staff followed the guidance, we observed people being given supplements as prescribed.
- Some people had difficulty swallowing normal diet and fluids, they had been referred to the speech and

language therapist. Staff ensured that people received thickened fluids as prescribed.

- Nursing staff managed people's wounds, they assessed the wounds and reviewed the dressings used. Nurses sought advice from tissue viability professionals when needed.
- People had access to health professionals such as dentists and opticians.
- People were encouraged to be as active to stay as healthy as possible. One person told us, "They suggest healthy snacks but I like to have a treat now and then."

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 should be in their interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had applied for a DoLS authorisation when required and these had been granted without conditions.
- Best interest meetings had been held when people were unable to make their own decisions and this had been recorded.

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

- The building had been adapted to meet people's needs.
- People were able to move around the service. They had access to the conservatory and garden.
- People's rooms were personalised to reflect their choices and preferences.
- There were photos on people's doors so they were able to find their rooms. There were pictures around the building so that people could find their way.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- We observed people being treated with dignity and respect. Staff knew people's choices and preferences and supported them in these.
- People were spoken to in a discreet way, staff made eye contact with people and often touched their arm to offer reassurance.
- People were supported to move around the service safely, giving them choices of where they wanted to go.
- People were comfortable to ask staff for assistance when they wanted.
- People were supported to maintain relationships that were important to them and visitors were welcome at any time.
- People's life histories were recorded so that staff knew about the choices they had made before they became unwell. Care was planned to include any life choices that had been made previously.

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

- People were encouraged to express their views. Some people were unable to express their views verbally, staff recorded if people showed that they liked or disliked any elements of their support.
- When required, people's relatives or friends were asked about the person's preferences.
- People were encouraged to make as many decisions as possible, including how they spent their time and what they ate.
- When people could make decisions about their care this was recorded and agreed by them in the care plan.

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged to be as independent as possible. People were supported by staff to eat their meals as independently as possible.
- We observed staff sitting with one person, reminding them how to use their cutlery and eat their meal.
- Staff gave people time to do things for themselves, even though it took some people a long time to complete a task. We observed staff sitting with people encouraging them to complete activities such as colouring.
- People told us and we observed, staff knocking on people's doors before they went in.
- People's care records were kept securely and staff understood their role to maintain people's confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care:

- People's care plans were stored electronically and were reviewed monthly. Review notes were written in the plan and the changes were made to the guidance for staff.
- Staff told us they had access to the care plans and referred to them regularly.
- Staff knew people well including their likes and dislikes, these were recorded in people's care plans. There was information about when people wanted to get up and go to bed, what drinks they liked and what drinks they liked and how independent they were.
- Plans included information about people's capacity to make decisions including unwise decisions, for example their diet.
- People were supported to take part in activities that they enjoyed. There was an activities co-ordinator in the afternoon, they worked with people to do things they enjoyed such as colouring.
- Some people wanted to do their own shopping for things such as toiletries. They were supported by staff to do this with regular shopping trips into the town. One person told us, "I go out with the manager to get the things I want."

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and this was displayed in the reception area.
- People had made complaints about issues that concerned them. The registered manager had taken these seriously and investigated the issues raised.
- The registered manager had used these complaints as learning experiences for staff and had updated people's care plans with new guidance when it had been agreed with the person.

End of life care and support:

- People had been asked about their end of life wishes and these had been recorded when available.
- There was no one receiving end of life care at the time of the inspection.
- Staff had received end of life training and how to support people.
- Nurses administered medicines to keep people comfortable and enable a pain free death.

# 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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There was no consistent, meaningful and effective system to check the quality of the service.
- The registered manager had not completed any audits in the past year. Records showed the last audits had been completed at the beginning of 2018. The documents previously used were not in-depth, or it was a short evaluation by the registered manager. There was no information about what had been reviewed and if there were any shortfalls.
- The provider was present at the service most days but had not completed audits of the quality of the service.
- The provider and registered manager had not identified the shortfalls identified at this inspection, for example recruitment and medicines.
- Records had not been completed accurately, maintenance records were not complete and environmental risk assessments had not been updated.
- The provider had not acted to improve the environment for people, for example, the continued smell of urine.

The provider had failed to assess, monitor and improve the quality of the services provided. The provider had failed to maintain accurate records. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was an open and transparent culture within the service, people and their relatives knew the provider and greeted them warmly.
- During the inspection staff and relatives came into the office to speak to the registered manager or provider and felt comfortable to do so.
- The registered manager regularly worked shifts as the nurse, staff told us they felt supported by this. The registered manager had built up strong relationships with people and knew their needs, choices and preferences.
- The registered manager had informed the Care Quality Commission of events as required, in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics:

- Some people living at the service were unable to express their views on the service. The registered manager stated that they used their life history to develop their care plans and observed the person for any signs they were unhappy. They reviewed people's experience of the service if they thought they were unhappy.
- Staff attended regular staff meetings, they discussed people's needs and their practice. Staff were asked to make suggestions about the service. Changes were made to the way sickness was managed, as this had been a concern, the changes had been effective.
- Relatives and professionals were asked to record any comments about the service in a book when they visited.
- One healthcare professional praised the staff for offering to go above and beyond what they had expected to meet the person's needs.

Continuous learning and improving care; working in partnership with others:

- The registered manager attended local forums to keep up to date with any changes.
- The service worked with the local university. Student nurses had placements at the service, the registered manager had received praise for their mentoring.
- The service worked with the local commissioning group and other health professionals to provide joined up and effective care for people with complex needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had failed to ensure the proper and safe management of medicines.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The provider had failed to make sure that the premises were free from odours that are offensive or unpleasant.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to assess, monitor and improve the safety of the services provided. The provider had failed to assess, monitor and improve the quality of the services provided. The provider had failed to maintain accurate records.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The provider had failed to operate recruitment procedures effectively to ensure that persons employed meet the conditions in the regulations.
Treatment of disease, disorder or injury	



