

Mr & Mrs M J Lingam-Willgoss

St Annes' Private Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced comprehensive inspection carried out on 27 October and 3 November 2015.

St Annes' Private Nursing Home provides accommodation, personal care and nursing care for up to 18 older people. At the time of the inspection 16 people were living at the home. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People told us they felt safe living in the home. The provider had suitable processes in place to safeguard people from different forms of abuse. Staff had completed training in safeguarding people and were knowledgeable about the different types of abuse and knew the correct process for raising concerns if they should observe any form of abuse.

Summary of findings

There was a system in place to ensure accidents and incidents were recorded and analysed. This meant any trends and patterns could be identified and preventative measures put in place where required. Incidents and accidents were regularly discussed at staff meetings and staff were encouraged to share their views on how to address any concerns.

The provider had a range of systems in place to protect people from risks to their safety. These included premises and maintenance checks, regular servicing and checks for equipment such as hoists, stair lifts and all electrical equipment and risk assessments for each person living in the home.

Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP. Records showed staff responsible for administering medicines had received formal medicines training to ensure they were confident and competent to give medication to people.

There were enough appropriately trained staff available on each shift to ensure people were cared for safely. Staff spent time talking and interacting with all the people in the home, knew their health needs well and told us they had enough time to do their job effectively. Staff were recruited safely in accordance with current regulations.

The provider had a system in place to ensure staff received their required training courses. Records showed the manager required re-fresher training in the topics of health and safety and infection control. Staff were knowledgeable about their role and spoke positively

regarding the induction and training they received from the provider. Staff told us they were well supported by the management team who they found very approachable and stated were always ready to listen or help if required.

The provider had a system in place to ensure staff understood their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. DoLS applications were correctly completed and submitted to the local authority.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was available for people, which took into account their dietary needs and preferences so that their health was promoted and choices respected.

People told us they knew who to speak to if they had any concerns and felt confident they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People's views on the service were regularly sought with any improvements needed, actioned where possible.

Summary of findings

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 safe.

People told us they felt safe and staff treated them respectfully.

The provider had a policy relating to safeguarding people from abuse and the staff we spoke with were aware of the contents of the policy and who to contact should they suspect abuse.

There were sufficient numbers of appropriately trained staff to meet people's health needs.

Good



Is the service effective?

The service was effective.

Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Generally staff demonstrated a basic understanding of The Mental Capacity Act 2005. Further training was scheduled for The Mental Capacity Act 2005. People were asked for their consent before care or treatment was given to them

People were offered a variety of choice of food and drink. Hot and cold drinks were offered regularly throughout the day and people were assisted to eat and drink when required.

People accessed the services of healthcare professionals as appropriate.

Good



Is the service caring?

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were cheerful and kind, treated people with patience and were constantly aware of their needs. Staff interacted with people in a friendly and unrushed manner and were able to explain how people preferred their care to be given.

Family members and friends continued to play an important role and people spent time with them.

Good



Is the service responsive?

The service was responsive.

People received care that met their individual needs. People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

Good



Summary of findings

The provider had a complaints procedure and people knew who to and how to complain. People felt their complaint would be listened to and acted upon.

Is the service well-led?

The service was well led.

People and their relatives felt able to approach the management team and there was open communication within the staff team. Staff felt well supported by the management team.

There was a clear management structure which staff understood.

There were systems in place for assessing and monitoring the quality of the service provided.

Good



St Annes' Private 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 unannounced comprehensive inspection took place on 27 October and 3 November 2015 and was completed by one inspector.

Before our inspection, we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we met all 16 people who lived at the home and spoke to those who were able to. We also spoke with the owner, the manager, a GP, three visiting relatives, and four members of care staff. We observed how people were supported and looked in depth at three people's care and support records.

We also looked at records relating to the management of the service including; staffing rota's, incident and accident records, training records, recruitment records for three members of staff, meeting minutes and all of the medication administration records.

We reviewed the service's Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they planned to make.

Is the service safe?

Our findings

Where they were able to, people told us they felt safe living at St Annes' Private Nursing Home. People told us they were comfortable and liked the staff who looked after them. One person said, "Staff are kind, I feel safe. I'm looked after as I like to be, I've nothing to complain about at all". Another person told us, "The staff are very good, always kind and helpful".

One relative told us, "We are very pleased with everything, the staff are very good and we never have to worry, we have no concerns at all".

Staff were knowledgeable about spotting the signs of abuse and knew how to report possible abuse to the local social services. Staff had completed training in protecting people from abuse and were aware of the provider's policy for safeguarding people who lived in the home. Training records that confirmed staff had completed courses on safeguarding adults.

The provider had a system to ensure risks in delivering people's care were assessed and plans were in place to reduce these. Risk assessments were in place for each of the people living in the home and covered areas of risk such as mobility, bed rails, nutrition and pressure area care. Each risk assessment showed the identified risk and the actions that were in place to reduce or manage the risk. These were regularly reviewed.

The manager had put a system in place to monitor accidents and incidents in the home. The system ensured all accidents and incidents were reviewed and analysed so that learning from such incidents could be achieved and people's safety maintained.

There were arrangements in place to deal with emergencies. We saw the provider had developed contingency plans for people, visitors and staff to follow in the event of an unforeseen emergency, such as a fire.

The home was well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment such as fire alarms, extinguishers, mobile hoists, the passenger lift, call bells, and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.

Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. The home had recently been tested for Legionella by an independent contractor and had been assessed as safe.

There were enough staff employed on each shift to keep people safe. Staff rotas for the previous two weeks showed there were adequate levels of suitably qualified staff available on each shift. The provider told us they had made some recent changes to the staffing allocation and added one additional carer in the mornings and early evening to ensure people received their care in a timely way. Staff said they had enough time to do their jobs safely and effectively and could spend time chatting and supporting the people without feeling rushed.

Recruitment records showed that recruitment processes were thorough and ensured people were recruited in a safe way. Records showed two references were taken up, proof of identification, a declaration as to whether they had a criminal conviction and the person's employment history were all completed prior to the person commencing work at the home. Disclosure and Barring Service (DBS) checks had been undertaken to ensure staff were suitable to work as a care worker. DBS checks identify whether people have committed offences that would prevent them from working in a caring role.

Records showed that staff had completed a range of training courses, such as; moving and handling, fire safety and safeguarding adults. Staff told us that, where possible, they covered staff absences such as annual leave or sickness between themselves. They said this meant people received good continuity of care and were supported by staff who knew them well. The manager said if needed they used agency staff to cover absences but tried to use their own staff wherever possible.

There was a system in place for the administration, recording, and storage of medicines. All medicines were kept securely. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person and a note of their known allergies. We checked the most recent medication administration records (MAR) for all the people who lived in the home and found medicines were generally recorded accurately, although there were a few gaps in the

Is the service safe?

completion of two of the MARs. All medicines given had been signed for. Where people had allergies, these were recorded. There was a system in place to ensure people had prescribed creams applied at the correct frequency.

We checked the stock of medicines and saw there was one omission in the recording of medicines that had been disposed of. We discussed our findings with the manager. The manager explained the circumstances behind the omission and told us they would run a training session for staff to ensure they were familiar with completing MARs accurately and updating the disposal records correctly.

Some medicines required storage at a low temperature. The provider had a fridge to keep these

medicines at the correct temperature. Records showed staff conducted daily temperature checks to ensure the medicines were kept at the correct temperature. There were appropriate systems in place for the management of controlled drugs.

Staff who managed medicines had been competency assessed to ensure the safe management of medicines. This meant that people living at the home and the provider could be assured that staff had the necessary skills and knowledge to administer medicines safely.

Is the service effective?

Our findings

People we spoke to felt they received a good standard of care at St Annes' Private Nursing Home. We spoke to a visiting GP who said, "The standard of care here is very good, they have a stable staff team who know people well and give consistent good care.... the staff know their job and do it well"

One person told us, "I think it is very good indeed, I've been here about three years, I came in for respite and decided to stay, everything is very good".

Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. The provider had a system in place to ensure all staff received training at the appropriate time. Refresher training was scheduled in and staff spoke positively about the standard and content of the training courses they had attended and completed. Training courses staff had attended included; food and hygiene, mental capacity act 2005 and dementia awareness. Staff told us the induction training they received had been effective and that they had felt well supported throughout their induction period.

Records showed the manager had not received refresher training in some subjects including health and safety and infection control since 2008. We discussed this with them and they said they would ensure they completed refresher training in those subjects as soon as possible. They told us they had done some additional training in some subjects but had not yet updated the records to reflect this. They did not have the certificates on site but told us they would ensure they were up to date with all of their required training.

Staff said they felt well supported by their manager and told us they had regular meetings which allowed them to discuss their performance in their role and felt supported in their ongoing development. Staff told us they felt communication in the home was effective and stated they felt fully involved in providing care and support to people in the home. Staff spoke knowledgeably about individuals we asked them about and were able to demonstrate they were up to date with the specific care and support these individuals required.

Staff generally received supervisions and an appraisal throughout the year, however records showed these were not consistent and some staff had not had many

supervisions in the previous year. The manager told us they were aware of this and generally as a small home staff were able to speak with them on a daily basis and found they were given the right amount of support in this way. Staff confirmed they felt they were supported well and felt comfortable to approach the management team at any time for guidance and advice.

There was a system in place to ensure the manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the owner and the manager. They were aware of how to obtain support and guidance from the local authority regarding applications to deprive a person of their liberty. We saw records that showed the provider had a system in place to ensure DoLS were correctly applied for and completed.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) because they had received training in this area. People were given choices in the way they wanted to be given their care and support. People's capacity to make their own choices was considered in care assessments so staff knew the level of support people needed while making decisions for themselves. If people did not have the capacity to make specific decisions, we saw records that showed a decision was made in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

We saw people's best interest decisions which had been completed by the local authority. The manager confirmed this was an area they felt they required further training on and stated they would attend training on The Mental Capacity Act 2005 as soon as possible.

Staff sought consent from people before care and support was provided. We observed staff spoke to people with kindness and consideration, for example explaining what their medicines were for before prompting them to take them and checking they were comfortable and asking them if they would like a hot or cold drink. Staff told us about different methods they were able to use with specific

Is the service effective?

people. For example, one person could become anxious when receiving personal care, the staff knew this and explained how they assisted the person to reduce their levels of anxiety.

Staff demonstrated a good knowledge of what people living in the home preferred to eat. The manager told us, "It's important people enjoy their food, it's a big part of their life". We saw the varied menu they prepared each week which showed people were given a choice of nutritious, healthy meals. People's dietary needs were assessed, taking into account any medical needs such as soft or pureed dietary requirements. People were weighed monthly and any concerns regarding weight gain or loss were discussed with the staff and cook so that they were aware of people's specific dietary needs. Concerns regarding people's weight were referred to the appropriate health care professionals for their advice.

There was a system in place for monitoring the amount of food and fluid people had on a daily basis. The records showed the amount of fluids consumed each day which highlighted whether the person was at risk of dehydration. The records did not give a target amount of fluid for each person. We discussed this with the provider and manager who said as a small home all the staff knew the people really well and they all knew people's fluid requirements

and what was 'usual' for them. We observed people had drinks available to them throughout the day and staff regularly asked people if they would like additional hot or cold drinks.

There were systems in place to monitor people's health. Records showed referrals were made to health professionals including opticians, chiropodists and doctors. People were supported to maintain good health and have on going healthcare support. Care plans showed people had access to a range of health care professional and specialist health teams including, speech and language therapy and physiotherapists.

We were given a tour of the home and saw that the environment was well maintained, clean and free from hazards. Windows had restrictors in place to ensure people's health and safety and all radiators were covered to prevent any accidental scalding. Carpets were clean and free from splits and frays and alarm mats and pressure cushions were in good repair and clean.

People preferred to stay in their bedrooms as was their choice. There was a small lounge with soft seating for people to use if they wished, however most people told us they preferred their own bedrooms.

Is the service caring?

Our findings

People told us they enjoyed living in the home. One relative we spoke with told us, “Every one here is so kind and friendly, we are really happy that Mum has a place here”.

The manager and staff we spoke with knew people’s care needs very well. They were able to tell us about things which were important to each person. For example, how they liked their care to be given and their preferred daily routines. Care plans contained a life history document which recorded historic and significant events that had happened in people’s lives.

Staff were cheerful and kind, treated people with patience and respect and were aware of their needs. Staff spoke knowledgeably about people, what they could do to assist them if they became worried or upset, whether they preferred radio to television and what they enjoyed on a

daily basis. Staff were aware when people became anxious and spent time with them, talking and chatting to them and checking if there was anything they needed. Staff interacted with people in a friendly and unrushed manner.

Some people were being cared for in bed and staff spent time with them making sure they were comfortable and had everything they needed.

People or their relatives were given the opportunity to be involved in planning their care and lifestyle in the home. We saw records that showed people’s views and preferences for care had been sought and were respected.

People’s privacy was respected. For example, people’s bedroom doors were closed when they were being supported with their personal care needs. Staff knocked on people’s doors before they entered and called people by their preferred names when speaking with them. People’s care records were kept securely in a lockable cabinet and no personal information was on display.

Is the service responsive?

Our findings

People told us staff were quick to come and assist them when they needed support and they knew how to use the call bells if they needed them. Relatives told us the staff knew everyone very well and were always available to help them in the way they preferred. One person told us, "It's all ok here, I like it here" another person told us, "I use the bell, they come straight away".

A visiting GP gave positive comments regarding the service, they said the staff were always welcoming, professional and gave good care to people with a stable staff team who knew the people well. The GP told us they would be happy to recommend the home and that they responded well to the needs of the people who lived there.

People had their needs assessed before they moved into St Annes' Private Nursing Home. This ensured the home was able to meet the needs of people they were planning to admit to the home. This information was then used to complete a detailed care plan which gave staff information and guidance on how to care for people in an individual way. Records showed recognised risk assessment tools were used to assess the risk of malnutrition and skin integrity.

Care plans were reviewed monthly and updated to ensure people's most recent care needs were met. The manager told us they were currently reviewing the care plans and re-writing them in a different format. We saw some of the revised format care plans which gave clear, person centred advice and guidance for staff to follow. Care plans described how people liked their care to be given, for example, how much assistance they needed when getting dressed as well as information about the daily tasks such as washing their face and cleaning their teeth they were able to undertake themselves.

There was a system in place to ensure skin injuries and marks were recorded in people's care plans with the details dated and signed to ensure staff could check people's injuries were treated correctly. People's weight was recorded monthly and records showed they were referred to health professionals such as the speech and language therapy team or the GP when required.

Where care plans we reviewed stated people needed specialist equipment such as pressure cushions and pressure mattresses, we saw these were in place and adjusted to the correct setting for their weight. Records showed air mattress settings were checked regularly to ensure they were working and set at the correct setting. If people required re-positioning to maintain their skin integrity, records showed people were re-positioned in accordance with the intervals given in their care plan.

Staff spoke knowledgeably about people's specific conditions and gave good examples of how people preferred their care to be given. Staff were able to explain how different people presented if they were experiencing pain which allowed them to ensure people's pain management was managed effectively.

Some people's care records included 'do not attempt cardiopulmonary resuscitation (DNACPR)' forms. These had been completed by healthcare professionals with the person or their relatives involvement. The manager told us about the activities that people could take part in if they wished. These included weekly visits from independent entertainers, pet therapy, card games and hand massages. One person told us about their birthday party the home had run which they had enjoyed. People were supported to take walks out in the community if they wished and relatives told us they were always made welcome and could visit at any time.

The provider had a complaints process in place and people knew how to make a complaint if they needed to, although nobody we spoke with during our inspection visit told us they had felt they needed to complain. Information giving guidance on how to complain was available for people and visitors to the home. The provider's complaints policy ensured complaints would be acknowledged, responded to in a timely manner and the outcome communicated to all parties. The manager told us they had not received any complaints or concerns during the previous twelve months. Records we checked confirmed this to be the case.

The provider had a system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service. The system ensured information accompanied the person which meant they would receive consistent care and support if they had to move to a different service.

Is the service well-led?

Our findings

There was a professional, open and honest culture at the home that created a homely, happy atmosphere. Staff cared for people with genuine affection and knew them all well. There was a stable staff team who worked well together and supported each other calmly and effectively. Staff told us they had confidence in the management team who were always approachable and on hand to offer support and advice.

People we spoke with told us they thought the service was well-led. They told us the staff worked well together and were available if they needed to discuss any topic at all. Staff worked together for the benefit of the people living in the home. Relatives told us they were kept informed of any changes in their relatives health care needs and felt involved in the process.

Staff we spoke with told us they, “loved working here”. One member of staff told us, “I want to be the best nurse I can, and everyone is helping me to do that”.

Staff told us they felt included in decisions made about people who lived there and their care and support. They told us they were involved in the meetings that were run at the home and felt comfortable to put forward suggestions or ideas they may have. Staff knew how to raise concerns and were knowledgeable about the process of whistleblowing.

Staff told us communication in the home was good and they were confident they were always given the most up to date information regarding peoples changing care needs. They told us they found the care plans easy to use which meant they were kept up to date with people’s care needs.

People’s views were sought through the use of questionnaires. These were given to people using the service and their relatives and representatives. We saw the process would ensure the questionnaires, once completed would be reviewed. The manager told us any areas of improvement would be discussed at staff meetings and changes made where required. We reviewed a selection of returned questionnaires that were positively completed and showed people were happy with the care their relative received.

Records showed the manager had reported statutory notifications to the Care Quality Commission as required. A high percentage of these notifications had been completed regarding expected deaths of people using the service. We reviewed a number of these notifications which records showed had been correctly completed and had been made as a result of people being moved to St Annes’ Private Nursing Home for end of life care.

There was a programme of regular audits in place to monitor the quality of service provided and to ensure people’s care needs were met. These audits included, care plan reviews, medicines, infection control, equipment and premises checks which included fire safety management checks.

The manager demonstrated that they were committed to the continuous improvement of the service. For example, implementing new care plans to ensure they were person centred and contained all the relevant up to date information required to maintain people’s health. The manager told us they kept up to date with regulations by attending local study days and were members of The Nursing Home Association.