

Acanthus Health Care Limited

St Clements Nursing Home

Inspection report

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Norwich
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Tel: 08082819034

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 10 December 2015 and was unannounced.

St Clements Nursing Home provides nursing care for up to 25 people, some of whom may be living with dementia. The home is adapted to meet people's needs and is over two floors. Some rooms are shared. At the time of the inspection 23 people were living at the home. The registered manager told us this was the maximum number of people they could accommodate as some of the shared rooms were currently being used by only one person.

There was 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 benefitted from being supported by staff who were safely recruited, well trained and felt supported and valued in their work. There was consistently enough staff to safely meet people's individual needs.

Staff understood how to protect people from abuse and knew the procedure for reporting any concerns both inside and outside of the service. Medicines were managed and stored safely and adherence to best practice was consistently applied. People received their medicines on time, safely and in the manner the prescriber intended.

People were supported by staff that were well trained, had been inducted effectively and received regular supervision. New staff were in the process of completing the new Care Certificate. Staff demonstrated the training they had been given.

Team work was evident and staff told us they were happy working at St Clements Nursing Home. They felt empowered to voice their opinions and told us they were well supported in their roles. They demonstrated a good knowledge of the people they supported and they assisted people with kindness, compassion and respect. People's dignity and privacy was maintained and respected.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was not depriving people of their liberty unlawfully and worked within the principles of the MCA DoLS. However, staff knowledge was variable although people told us staff always asked their consent before assisting them. The service had made timely applications to the supervisory body.

People's care plans were detailed and individualised. They contained important and relevant information to assist staff in meeting people's needs in a way that was personalised. People and their relatives had been involved in making decisions around the care they needed and wished for. The changing needs of people

were reviewed on a regular basis and people and their relatives were encouraged to be involved in this.

Working together with the community healthcare teams, people's health and wellbeing was well supported and maintained. People had access to a variety of healthcare professionals and staff were prompt at requesting advice and intervention as required.

Although people told us they enjoyed the activities the service provided, we found that people's individual social and leisure needs were not always met. The service encouraged people to maintain relationships with others and the service actively welcomed family members and visitors to the home.

The culture was one of respect, professionalism and openness. People felt listened to and were confident any concerns they may have would be addressed. Improvement and development of the service was important and people were involved in this. Effective systems were in place to monitor the service and the management team played an active part in gaining feedback from people on a regular basis.

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.

Enough staff were safely recruited to meet people's individual needs.

People were supported by staff who knew how to prevent, identify and report abuse.

People were kept safe as risks had been identified, managed and reviewed regularly. Staff had effective guidance to support people in relation to the identified risks.

Medicines were administered and stored safely and appropriately. People received their medicines as prescribed and in a way that took into account people's individual needs.

Is the service effective?

Good ●

The service was effective.

People benefitted from being supported by well trained staff who felt encouraged in their roles.

Staff assisted people in a way that protected their human rights. The service was meeting its responsibilities under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards

The service ensured people received food and drink of their choice and that it was appropriate to meet their needs.

People's health and wellbeing was supported and maintained by having access to appropriate and prompt professional healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff had good knowledge of the people they supported and delivered care in a respectful, caring and courteous manner.

Care and support was provided by staff in a way that maintained people's dignity.

People, and those important to them, were involved in making decisions around the care and support they needed.

Is the service responsive?

Good 

The service was responsive.

Care and support was provided in a personalised way that took account of people's wishes, needs and life histories.

The service encouraged people to maintain meaningful relationships with those close to them.

Although social activities were provided, some people told us they wanted more individual activities.

The home encouraged people's views on the service they provided and acted upon these.

Is the service well-led?

Good 

The service was well-led.

The staff and the people they supported benefitted from a management team that demonstrated dedication, knowledge and passion in the service.

People were supported by staff that were happy in their work and felt valued. Staff showed good team work and worked together in a way that was organised and responsive.

The service actively involved people in the development of the service.

Robust auditing systems were in place to ensure a good quality service was delivered. These systems were effective at identifying issues and driving improvement.

St Clements 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 10 December and was unannounced. Our visit was carried out by two inspectors.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During our inspection we spoke with six people who used the service. We also spoke with seven relatives of people using the service. Observations were made throughout the inspection.

We gained feedback from two healthcare professionals who visited the service. We also spoke with the registered manager, maintenance person, a cook, a nurse and three members of the care staff. We also contacted the local safeguarding team and the local authority quality assurance team for their views on the service.

We reviewed the care records of three people and the medication records for four people. We tracked the care and support two people received. We also looked at records relating to the management of the service. These included training records, health and safety check records, three staff recruitment files and minutes from meetings.

Is the service safe?

Our findings

The people we spoke with felt safe living at St Clements Nursing Home and knew who to speak to if they had any concerns. People's relatives told us they trusted the service to care for their family member and had no concerns about their safety.

Staff told us they had received training to help them identify how abuse could occur. However, their depth of knowledge was variable. Most were able to give us examples of abuse and understood how to report any concerns they may have. This included the agencies they could speak to outside of the service. When we spoke to the registered manager, they demonstrated a good knowledge of safeguarding and the local procedure for reporting any concerns. They were able to tell us about a recent potential safeguarding concern and how they had worked openly with the local authority to ensure the person involved was protected from harm. We also saw that the safeguarding policy was on display in the foyer of the home. We concluded that people were protected from harm as staff knew how to prevent, recognise and report abuse.

The service had robustly identified, assessed and managed the risks to people. We saw from the records we viewed that people, or where appropriate, their relatives, had been involved in decisions around risk. These included where people were at risk of developing pressure sores, not eating and drinking enough and demonstrating behaviour that may challenge others. The care plans we viewed gave staff clear guidance on how to support people to remain safe. For example, a care plan for one person showed they experienced symptoms associated with their diagnosis of dementia. The care plan gave staff clear information on how the symptoms affected that person and how best to support the person to remain calm and reassured whilst they were experiencing them.

The risks associated with the environment and work practices had been identified and reviewed on a regular basis. The service had identified events that could have a major impact on people. For example, we viewed a contingency plan that gave clear details on what staff would be required to do in order to keep people safe in a number of events. These included severe weather, loss of utilities and failure of the lift. These records were robust and had been reviewed on a regular basis. We also saw records that demonstrated the service maintained equipment on a regular basis in order to keep people safe.

Accidents and incidents were thoroughly recorded and these were viewed and assessed by the registered manager as they happened. The records we viewed showed staff had taken the appropriate action at the time of the incident and that this had been followed up promptly by the registered manager. For example, we saw that medical intervention had been sought after a person hit their head during a fall. Other actions the service had taken included reassessing that person's risk of falls, speaking to their relatives and monitoring for adverse symptoms associated with the head injury. We concluded that the service closely monitored and assessed accidents and incidents in order to prevent further occurrences and keep people safe.

People were kept safe as recruitment processes were in place to ensure only those that were suitable to work in care were employed. The registered manager told us that references were gained prior to

employment and that all potential employees underwent criminal record checks. The personnel files we viewed showed that all required additional measures were also in place such as photographic identification and application forms that gave complete employment histories.

People told us there were enough staff to keep them safe and meet their needs. One relative told us, "The staff always have time for people. They sit and speak to [relative]". The staff we spoke with also felt there were enough staff to meet people's individual needs. The registered manager told us that they calculated the number of staff deployed based on the assessed needs of people on an individual basis. They told us they completed this assessment on a weekly basis. We saw records that demonstrated this. During our inspection, we observed people's needs being met promptly and that people's requests for assistance were met in a timely and individual manner.

Medicines were administered and managed in a safe and effective manner and people received them as prescribed. The person we spoke with who was responsible for administering medicines had a good knowledge of the medicines people were prescribed and could tell us how they kept people well. For example, they told us who was diabetic and how this was individually managed for each person. They could also tell us who had a diagnosis of epilepsy and what medicine was prescribed to ensure this person's seizures were well maintained. They were able to tell us what actions they would take should a medicines error occur. The information they gave us demonstrated that their focus was on the wellbeing of the person and the need to prevent further occurrences.

We reviewed the medicines administration records for four people who used the service. These were accurate with no omissions. A clear stock count and audit of medicine amounts were recorded ensuring that the service could account for medicines at all times. We saw that clear instructions were in place to guide staff on medicines that were given as required and that these were person centred and reviewed regularly. We saw that good practice was adhered to. For example, we saw that a GP had signed the medicines administration record when a medicine was stopped. We also saw that, where the service had taken a verbal instruction on a medicine dose from a GP, two staff members had signed the medicines administration record to indicate the instruction had been heard by them both. This demonstrated that the service took steps to ensure people's safety by reducing the risk of medicine errors occurring.

During our inspection we noted that the air temperature of the room where the medicines were stored was above the level deemed appropriate for the safe storage of medicines. When we spoke with the registered manager regarding this, they told us this had been identified and discussed with the pharmacist. As a result, the service had installed a number of temporary fans in the room to reduce the temperature whilst they waited for a professional to install a more permanent solution. The registered manager confirmed they had received a quote for this and a date had been set for the following week for it to be installed. Following our inspection, the registered manager contacted us to tell us this had been completed and that the temperature of the room was now running below the required temperature.

We concluded that medicines were stored, managed and administered safely and in the manner the prescriber intended.

Is the service effective?

Our findings

People received effective care and support from well trained staff. The people we spoke with told us they felt cared for. One person told us, "The staff are wonderful". Another person said, "They [the staff] are all highly trained and they know their job". One relative told us that the nurses in particular were very good at their jobs.

Staff told us they were well trained and that their training was up to date. All the staff we spoke with felt they received the training they needed to fulfil their roles effectively. One told us, "If I want further training, I ask [the registered manager] and they sort it out for me". One visiting healthcare professional told us the nurses from the home were involved in all the training that took place at the local GP surgery. When we spoke with the registered manager they told us that all new staff undertook an induction period and completed the new Care Certificate.

During our inspection we saw examples that demonstrated certain areas of training had been embedded. For example, we saw a staff member assist a person to mobilise with their walking frame. We saw that the staff member was verbally encouraging the person to walk and had a hand in the small of their back to guide and reassure them. The training records we viewed confirmed training was up to date and thorough. We also observed notices around the home offering staff the opportunity to book themselves on a number of training sessions.

The staff we spoke with told us they received regular support from the registered manager. One told us they found their supervision sessions very interesting and that it was, "...good to keep up my knowledge in this way and know how things are going". All the staff we spoke with said they received regular supervisions and felt well supported. We saw that the registered manager had a plan in place to ensure all staff members had regular supervision support sessions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

When we spoke with the registered manager they had a good knowledge of the MCA and DoLS. Following assessments of people's capacity, the service had made timely DoLS applications to the supervisory body. This was to ensure that any restrictions made to a person's freedom by the support they received were

properly considered. Although there were records in place showing that the service had consulted the appropriate people in best interests decisions for the people they supported, they were not in place for everyone who lacked capacity. However, the registered manager told us that they had discussed people's needs with their relatives and explained the process so they were clear of the purpose and impact this would have on people.

When we spoke to staff about the MCA and DoLS, their knowledge was variable. However, all the people we spoke with said that staff always gained their consent before assisting them and they were able to give us examples of this. During our inspection, we saw staff ask people's consent and offer choice. We concluded that the service was meeting the legal requirements of the MCA DoLS and that people's rights were being protected.

The people we spoke with said they enjoyed the food and that there was plenty of it. One person said, "The food here is good". We saw one person jump up and down whilst raising their thumb when a staff member brought their food to them. During lunch we observed people clearly enjoying their food and at a pace that suited them. There was a variety and choice of food on offer and we saw that people had plenty of drink available to them throughout the day. People were given a choice as to where they wished to have their meals.

When we spoke to the registered manager they told us a member of staff took people's food orders on a daily basis. However, they told us that the cook ensured there was plenty of each choice so that people could change their mind through the day if they so wished. The people we spoke with confirmed this. We saw that the nutritional needs of a person with swallowing difficulties were met by staff in accordance with the recommendations of the speech and language therapist (SALT). However, when we spoke with the relative of this person, they said that occasionally they had found that their family member wasn't quite as upright as they felt necessary prior to eating and drinking. Although they also told us this had improved recently.

People had access to a variety of healthcare professionals and some had the opportunity to see a GP on a weekly basis should this be required. The relatives we spoke with said people received all the attention they required in order to maintain their health and wellbeing. One told us, "[Relative] has had so much medical attention" and was particularly complimentary on the way the service met these needs. The two healthcare professionals we spoke with were equally as positive and said the service had good links with them in order to support people effectively. One told us that the home was being used as an example for others due to their low rate of hospital admissions. They told us the staff had very good medical knowledge of the people they supported. They also told us that due to the good records staff kept of people's healthcare needs, this enabled them to fully support people in regards to their health. They both agreed that the service made regular and appropriate referrals to other healthcare professionals such as the SALT and physiotherapy team. The records we viewed confirmed this. We concluded that people's health and wellbeing was very well supported.

Is the service caring?

Our findings

The people we spoke with felt cared for living at St Clements Nursing Home. One told us, "Absolutely I'm cared for". Another said, "It's all right here". People's relatives agreed and were complimentary on the staff and the way in which they met people's needs. One relative told us, "I can't fault the care". However, one person felt some staff lacked empathy although told us that they felt this had improved of late. A visiting healthcare professional said, "Staff are very caring and that's the key bit".

During our inspection, the registered manager showed us round the home and introduced us to a number of people who used the service. In doing so, they were able to tell us about the person and the circumstances that had brought them to the home. They were fully aware of people's life histories and care needs and demonstrated a very good knowledge of the people they supported. We saw that the registered manager interacted with people in a respectful and reassuring manner and that people reacted warmly to these interactions. For example, one person smiled and put their hands out when the registered manager approached them. We also observed a staff member sitting with a person who wanted to chat. They had made a cup of tea for them both and were sat beside the person engaged in conversation. However, we did see that conversation and interaction was limited when staff were assisting some people to eat and drink.

All the staff we spoke with had good knowledge of the people they supported. For example, when we spoke to the cook, they were able to tell us what people liked to eat and drink and were aware of people's individual nutritional needs. Another staff member was able to tell us about the individual medical needs of a number of people they supported. We also saw that a staff member's memory of one person who no longer lived at the home demonstrated an insight into their life and working history.

People couldn't tell us if they had been involved in planning their care. However, we saw from care plans that both people and their relatives had been involved in discussions around the type of support they wanted and required. The registered manager told us they had used an advocacy service in the past to assist people. We saw that information was available in the foyer should people want to access this type of service. We also saw that a service user guide and brochure were easily accessible in the home for those that wanted information on the service.

People felt respected and that their dignity was maintained. One person told us staff were, "Very polite" to them. The relatives we spoke with had no concerns in regards to this. We saw that staff were consistently courteous, respectful and professional to each other, visitors and the people they supported. In the foyer, we saw a large hand painted tree on one wall that had photographs of people and staff placed on it. On the outer branches were photographs of people that the home had supported in the past and who were no longer living there. Staff had written their memories of the person and these had been placed by the photograph of the person. It demonstrated a caring and respectful approach and that staff had connected to the people they supported.

People who lived in the home looked comfortable and contented. We saw that their privacy was respected. For example, doors were closed to people's bedrooms when the staff were assisting them and the shared

rooms had a partition in place in order to give people privacy.

There were no set visiting times and people could come and go as they pleased. The registered manager told us, "People's husbands and wives stay all day, this is their home too". During our inspection, we saw a number of friends and family members visit and spend time with their relatives. We saw the staff welcomed them warmly.

Is the service responsive?

Our findings

The care people received was individualised and met their needs. One person told us they were about to return to their home because of the care they had received at St Clements Nursing Home. When we spoke to the registered manager about this, they told us this had been the second person to return home this year and that it had been as a result of input from a variety of individuals, including the community healthcare teams. A relative also told us that after having spent a year unable to get out of bed in another home, since coming to St Clements Nursing Home their relative had improved due to the attention of the staff. For example, they told us their relative was now getting out of bed on a regular basis, had put on weight, was more communicative and was occasionally spending time in the communal areas.

The staff we spoke with knew the personal preferences and life histories of the people they supported and assisted people on an individual basis. For example, the cook was involved in monitoring and meeting people's nutritional needs. They could tell us people's preferences and needs and was involved in the monitoring of people's weight. One person told us they were trying to lose weight and that they and the cook had spoken about how to do this. They told us they had discussed this together and agreed on a menu plan to support them to reduce their weight.

The care plans we viewed were detailed, easily accessible for staff to read in order to support people and written in a person-centred way. They had been reviewed regularly. Care plans gave staff details on the person's abilities and needs, what the desired outcome was and what staff needed to do to support people to reach their goals. For example, we saw that a night time care plan recorded what time a person liked to go to bed, if they liked the light on, what temperature they preferred their room to be for sleeping and how many pillows they liked on their bed. During our inspection we saw that the person was assisted to bed at the time they requested and that staff had supported this person as recorded in their care plan.

People's life histories, work histories and leisure interests had been comprehensively recorded in order for staff to fully understand that person's experiences. This helped staff to build relationships and have meaningful conversations with the people they supported. It also helped them have an understanding of people in order to better support people living with dementia.

The home encouraged people to maintain the relationships that were important to them. The care plans we viewed recorded who was important to each person, what their relationship was, when they generally visited and how much of an involvement they had in that person's daily life. For example, we saw that one person liked their relative to wash their hair rather than staff. We saw the service had provided an area on each floor of the home where visitors could help themselves to a variety of hot and cold drinks. We also saw a notice up in the foyer inviting relatives to spend Christmas and Boxing Day at the home. It invited people to have lunch with their relatives and clearly displayed what menu was available to them.

People had the opportunity to engage in social activities and events. Most people told us they were happy with the level of activities provided. However, one person told us they felt bored at times. A relative also felt there could be more stimulation for people. During our inspection we saw staff interacting with people and

people watching TV but no other activities were provided. We did, however, see an activities planner on display that showed events coming up such as a theatre production, Christmas crafts, baking and a New Year's Eve party. We also saw that two people we spoke with had their nails neatly filed and painted. When we asked them about this they told us staff had done this for them. When we discussed the activities with the registered manager they told us the local school had been in the day before to sing carols. They also told us that every staff member assisted with providing activities including the cook and maintenance man. We concluded that although people had meaningful social interaction, people's individual interests were not always met.

All the people we spoke with knew who to talk to if they had any concerns. They told us they would feel comfortable and confident in doing this. People told us they had regular opportunities to view their opinions at meetings and we saw dates for meetings in 2016 on display in the foyer of the home. We also saw completed questionnaires from the people who use the service, their relatives and professionals related to the home. The service's complaints procedure was displayed in the foyer for people's information. Two of the relatives we spoke with had had to speak with the registered manager in the past about concerns they had. Both told us the manager had listened and responded appropriately. One of these relatives also gave an example of an issue they had raised with one of the nurses. They told us the nurse had responded quickly and actioned the concern promptly. We concluded that the service listened and responded appropriately if people had any concerns or complaints.

Is the service well-led?

Our findings

The people we spoke with were very complimentary about the management team of the home. One relative told us that the registered manager always listened and all the relatives we spoke with agreed that the registered manager was approachable. The staff we spoke with were also positive about the registered manager and operations manager. One told us, "The support I get is amazing". Staff felt valued and particularly appreciated the time the operations manager took in speaking to them and the people who used the service during their regular visits.

All the people we spoke with said the home was friendly, welcoming and communicative. One person told us, "They [the staff] are lovely". A relative we spoke with said, "[The staff] are all very, very good – they always make you feel welcome".

Staff demonstrated teamwork and openness. Staff told us they felt comfortable in talking to the registered manager and that they found them supportive. All the staff we spoke with said they were happy working at St Clements. One told us it was only supposed to be a temporary job for them but that they had stayed as they enjoyed it so much and found the support to be, "Amazing". Another staff member said, "I enjoy my work". The registered manager told us people were accountable for their actions and tasks as, although they worked as a team, they were allocated individual responsibilities on a daily basis. We saw a document that demonstrated this. Throughout our inspection, we saw staff and management respectfully and professionally interact and communicate with each other. We saw the atmosphere was calm and friendly. We concluded that the open and communicative team work ability of the staff ensured people received support in a manner that was unhurried and organised.

The registered manager told us they saw all the people who use the service each time they are on shift. We saw that people showed recognition of the registered manager and warmly engaged with them. The registered manager told us they were on the floor regularly so they could be assured the staff were delivering care to a high standard. They told us it also gave them the opportunity to regularly check that people were all right. Throughout the inspection we saw the registered manager regularly and respectfully engaging with the staff, people and visitors. We also saw information on display that told people what the service's 'statement of dignity of care' involved. This included respecting people's right to privacy, ensuring people felt able to communicate without fear of retribution and engaging with others as care partners.

The home encouraged feedback from people and staff in order to improve the service. People told us there were regular meetings where they could openly discuss any topics. One relative told us they always attended the meetings and found them very good. They gave an example of a concern they voiced in a meeting. They told us this was taken on board and improvements had been made as a result. We saw minutes from meetings held that showed these were used to gain feedback and give people information on the service. For example, we saw that people and their relatives were given the opportunity to discuss future building work. We also saw that they had been encouraged to make an appointment with the service to review people's care needs. We noted that the operations manager had also been in attendance at these meetings. We saw minutes from staff meetings that showed they were used for self-development and to

praise the staff. For example, the staff were congratulated for recently achieving an accreditation for the end of life care they delivered. This demonstrated that the service actively involved people in order to make improvements.

Effective quality auditing systems were in place to ensure the service improved and in order to identify any shortfalls. Audits were completed by the registered manager on a regular basis and looked at areas of the service such as care plans, medication management and cleaning standards. The records we viewed were robust, well organised and completed comprehensively. The registered manager told us that the home had recently won, or come second, in a number of awards that had been given by the provider. This included registered nurse of the year, care home of the year, registered manager of the year and support worker of the year. The registered manager demonstrated pride in these achievements.

When we spoke with the registered manager they demonstrated compassion, commitment and knowledge in their role. They fully understood their responsibilities and the information we hold about the service told us they reported incidents to the CQC as required.