

Lakeshore Healthcare Limited

St David's 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 ●

Summary of findings

Overall summary

The inspection took place on 8 and 9 February 2017 and was unannounced.

St David's Nursing Home provides accommodation and care for up to 35 people, many of whom may be living with dementia. At the time of our inspection 34 people were living in the home.

A registered manager was 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.

During our previous inspection on 5 and 6 January 2016 we found that the provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to take action to address the concerns we found. During this inspection on 8 and 9 of February 2017 we found that these actions had been completed.

There was a lack of recorded systems in place to monitor and assess the quality of the service being delivered. Whilst the manager carried out a yearly quality assurance audit, there was nothing formally recorded to demonstrate that the manager regularly audited all areas of the service. We recommend that the manager implements formal systems to monitor and assess the quality of service being delivered.

There were regular opportunities for people, their relatives and healthcare professional to give their feedback about the service via the use of surveys. The manager looked at people's responses and took action to address any suggestions for improvement.

The manager was approachable and open to discussion. They spent much of their time working alongside staff and they were a visible presence in the home. Staff felt supported in their work through regular supervision and training. Staff had received training relevant to their role and there was a training manager in place to support staff with completing their training.

Staff understood the principles of the Mental Capacity Act (2005) and knew how to communicate with people according to their individual need so they could offer people choices about their care and treatment. Appropriate applications had been made to deprive people of their liberty to the relevant authorising authority.

Steps had been taken to reduce people's individual risks and people's care plans and risk assessments were reviewed and updated on a regular basis. Action had been taken to mitigate and manage environmental risks and the utilities such as gas, electricity and fire safety were monitored and maintained.

Staff knew how to protect people from harm and abuse and knew who they would report their concerns to if

they had any. Staff had also received training safeguarding. There were safe recruitment processes in place and this ensured that suitable staff were recruited to support and care for people at St David's.

People's medicines were stored and administered safely and people were given their medicines as prescribed.

Where there were concerns about a person's physical health or wellbeing, we saw that timely referrals were made to relevant healthcare professionals. People who required support with maintaining a healthy nutritional intake were referred to the speech and language therapy team. People's nutritional and fluid intake were monitored where necessary. Kitchen staff were aware of people's dietary requirements and people's meals were prepared according to their needs.

People were supported to follow their interests and hobbies and a variety of activities took place in St David's and outings to local towns were arranged for people. People could have their relatives and friends visit without restrictions and staff welcomed people's visitors.

There was a complaints procedure in place. People and their relatives felt able to raise a complaint if needed.

Staff were caring and attentive to people's wants, needs and wishes. They knew the people they were supporting well and knew people's individual likes and dislikes. Staff treated people with compassion and supported people to be as independent as possible.

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.

Staff knew what constituted abuse and how to report any concerns.

Individual risks to people and the service had been identified and steps had been taken to manage any risks.

Safe recruitment practices were in place.

Medicines were managed, stored and administered in a safe way.

Is the service effective?

Good ●

The service was effective.

Mental capacity assessments had been carried out and no one was being unlawfully deprived of their liberty.

Staff received training relevant to their role.

People were supported to maintain a healthy nutritional intake.

Timely referrals were made to relevant healthcare professionals where concerns were raised around a person's health or wellbeing.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

Staff knew people's individual needs and preferences and people were involved in making decisions about their care.

People were supported to maintain their independence as much as possible and there were no restrictions on when they could have visitors.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were regularly reviewed and assessed.

People were supported to follow their interests.

People knew how to raise a complaint and staff knew how to support people with making a complaint.

Is the service well-led?

Good ●

The service was well led.

There was a lack of systems in place to monitor and assess the quality of service being delivered.

People who lived in the home, their relatives and healthcare professionals were regularly asked to provide feedback about the service and this feedback was acted on.

There was clear leadership in the home and the manager was approachable and open to discussion.

St David's Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 and 9 February 2017 and was unannounced. It was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people living in the home and the relatives of two people. We made general observations of the care and support people received at the service throughout the inspection. We also spoke with the registered manager, two healthcare professionals, five members of care staff, the activities coordinator and two kitchen staff.

We reviewed four people's care records and medicine administration record (MAR) charts. We viewed three records relating to staff recruitment as well as training, induction and supervision records. We also viewed a range of monitoring reports carried out by the registered manager.

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe living in St. David's. One person we spoke with told us, "I feel very safe. We have got bells, so if I did anything I could ring my bell. We also have got people here at night, so if I need help I have got somebody I can call so I feel safe." Another person we spoke with explained, "I feel safe as there are always people about. I have never felt unsafe."

Staff we spoke with knew what constituted abuse and explained what procedure they would follow to report any concerns. Some staff we spoke with knew what outside organisations they could report concerns of abuse to if they felt unable to address it within the service. One staff member told us that the contact details for the local safeguarding team were located in one of the staff offices. We saw from training records that staff had received training in safeguarding adults and staff we spoke with confirmed that they had attended this training.

We saw from people's care records that risks to people's health and welfare had been identified and there were risks assessments in place which detailed how to manage and mitigate people's individual risks. Where people had been identified as being at risk of developing a pressure ulcer, we saw that their risk relating to this was regularly assessed. In addition to this, we saw that people who were at risk of developing pressure ulcers had the necessary pressure relieving equipment.

Accidents and incidents were recorded. The manager analysed the accidents and incidents and took measures to reduce the likelihood of future occurrences. For example, we saw that one person had had a series of falls and a risk assessment had been put in place which detailed how to mitigate the risk of further falls. This person also had a nurse call mat in their room. This alerted staff when the person started to mobilise so staff could respond to the person in a timely way and support the person to where they wanted to go.

Environmental risks had been identified and there were risk assessments that covered all areas of the home. Regular checks of the gas, fire and electrical equipment were carried out. In addition to this, twice yearly checks of moving and handling equipment took place.

We looked at the staff rotas and saw that there was consistently enough staff on duty to support people. During our inspection visit we saw that people's call bells were responded to promptly. We also noted that staff were accessible to people as the manager deployed the staff in a way to ensure that all areas of the home were being overseen by a member of staff. Staff we spoke with told us that they thought that there were enough staff to meet people's needs. The manager told us that they continually assessed people's needs and adjusted staffing levels accordingly.

Safe practices around staff recruitment were in place. We saw from staff recruitment files that appropriate references had been obtained and a satisfactory police check had been completed before staff started working in the home.

Medicines were managed, stored and administered safely. We saw that the medicine trolleys were locked and then kept in a locked room. We looked at four people's Medication Administration Record (MAR) charts which were completed correctly and showed that people were being given their medicines as prescribed. Topical medicines such as eye drops and creams were labelled to show the date that they had been opened. This ensured that medicines were used within their specified timescales. The manager told us that they would regularly observe the nurses giving people their medicines. This was so they could ensure that the nurses were managing and giving people their medicines correctly. A nurse we spoke with confirmed this.

Is the service effective?

Our findings

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 interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that appropriate applications had been made to the authorising authority to deprive some people of their liberty in order to keep them safe.

During our previous inspection on 5 and 6 January 2016 we found that mental capacity assessments were not completed in accordance with the Mental Capacity Act 2005 (MCA). Our findings constituted a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found during our most recent inspection on 8 and 9 February 2017 that improvements had been made in this area and the provider was no longer in breach of this regulation.

We saw from people's care records that people had a mental capacity assessments. Where decisions needed to be made in a person's best interests, we saw that the reasons for the decision were clearly documented. Staff involved the person, their family and any other relevant healthcare professionals in the decision making process.

Staff we spoke with had a good understanding of the MCA and how to ensure that people are offered choice. Staff we spoke with told us that they had received training in the MCA and training records we looked at confirmed this. People we spoke with told us that they are able to make choices about their care and say how they would like to be supported. One person we spoke with told us, "Yes, [the staff] ask if I would like a shower."

Staff training records demonstrated that staff received training relevant to their roles. A training manager had been employed to support staff with completing their training. Staff we spoke with told us that they found the support given by the training manager was useful as it helped them to complete any work that was required as a result of any courses they attended. Staff we spoke with told us that they received regular supervisions and found this useful for addressing any training needs.

All new staff were required to complete the care certificate. This course sets out what good standards in care looks like. Staff we spoke with told us that they had to complete an induction upon starting their role at St

David's. They told us how they would shadow more experienced members of staff before they started to work independently. During our inspection visit we saw a new member of staff shadowing other staff.

People we spoke with told us that they enjoyed the food at St David's. One person we spoke with told us, "[The food] is very nice." People we spoke with told us that they got a choice of food. One person explained, "You have a menu to fill in, I don't eat chicken and [the kitchen staff] will send you a substitute." We observed the lunchtime meal being served and we noted that there was a nice atmosphere in the dining room. The food looked hot and was nicely presented. We saw that there was a choice of main meals and desserts.

Where concerns had been identified around people's ability to maintain a healthy nutritional and fluid intake, we saw that timely referrals were made to the speech and language therapy (SALT) team. We saw that advice given by SALT was reflected in people's care plans and staff knew what people's individual needs were in relation to their nutritional risks and how they supported people with this. Staff also monitored people who were at risk of poor food and fluid intake to ensure that they maintained an adequate intake of food and fluid. We looked at four people's food and fluid charts and saw that people were regularly being offered food and fluids. We saw that staff supported people with their meals and during the lunchtime meal we saw one person being offered encouragement to eat by a member of staff.

People's care records showed that people's care and support needs were assessed on a daily basis. Where concerns had been raised about a person's health or wellbeing, we saw that prompt referrals were made to relevant healthcare professionals. People we spoke with confirmed that they were able to access healthcare professionals when they wanted. One person we spoke with told us, "[The staff] soon get [the doctor] here if needed." Another person explained, "The doctor comes here and chiropody. I've been taken to the opticians too." The GP visited the home on a weekly basis and we saw that staff had a book where they noted people who wanted to see the GP. One healthcare professional we spoke with told us, "It's very good here. The staff are helpful and the nurses are knowledgeable, timely referrals are made."

Is the service caring?

Our findings

People we spoke with told us that the staff were caring. One person we spoke with told us, "[The staff] couldn't be better, nothing is too much trouble for them whether it is day or night." Another person we spoke with commented, "[The staff] take notice of you." We saw that staff spoke to people in a kind and caring way. Staff supported people to walk around the home and we saw that staff were offering gentle encouragement and were patient with people. One person we spoke with commented on how patient the staff were, they explained, "They are [patient], because sometimes I take a bit of time to do things and they will say 'don't worry, take your time'."

Staff were perceptive to people's needs and feelings. During our inspection visit we heard one member of staff offering to make a person some more toast. We heard them say, "I'll go and make you some more toast as that other one's gone a bit chilly, do you want white or brown bread?" We heard another person asking about one of their relatives. We heard the manager comforting them. We heard the manager say, "I know they're alright but I'll give them a bell to see when they're coming in to see you."

Staff we spoke with were aware of people's care needs, what people's interests were and their personal histories. When we spoke with staff it was clear that they enjoyed their work and spoke enthusiastically about supporting and caring for the people who lived in St David's. One member of staff we spoke with told us, "I love it, I love my job here."

Staff used a variety of ways to communicate with people. This ensured that staff were aware of how people were feeling and people could communicate their wishes and preferences. One member of staff we spoke with told us how they would use picture cards with one person to communicate with them. They told us, "I offer choice to some people by using picture cards or by pointing to things. I like to make sure that things are perfect and that people are getting exactly what they want." The manager had purchased a small computer device where people could type what they wanted to say and the device would then say out loud what the person had just typed. The manager told us that they had purchased this device so people who were no longer able to communicate through speech had another option of communicating.

People we spoke with told us that they felt listened to by staff and were involved in making decisions about their care. One person we spoke with told us, "I can't fault it in any way. I am being moved into a bigger room overlooking the common. I like to stay in my room but staff will still come in and ask if I would like to spend some time out of my room." Another person we spoke with told us that they do not like to get up early and that staff would come and support them to get up just before lunch. One person we spoke with told us how they liked one of their relatives to make decisions about their care, they explained, "My son dealt with my care planning."

Throughout our inspection visit we saw that staff consistently upheld people's privacy and dignity. We saw that staff would knock on people's door and wait for an answer before entering. Staff were able to explain to us how they maintained people's dignity when supporting them with their personal hygiene.

People were supported to be as independent as possible. People had equipment which allowed them to mobilise independently. We also noted during the lunch time meal that some people had adapted crockery and cutlery so they could eat their meals independently. Staff we spoke with explained how they promoted people's independence. One staff member we spoke with told us, "Never assume that people can't do things themselves. I let people do things on their own as much as possible."

There were no restrictions on people who wished to have visitors. We saw that people's relatives and friends were made welcome by staff when they came to visit. One person's relative we spoke with told us, "I can come here whenever I want to."

Is the service responsive?

Our findings

We saw from people's care plans that their individual care and support needs had been identified and were reviewed regularly. However, we noted that the care plans could contain more detail. For example, we saw that some people had care plans in place to support them with their mental health needs. This was a form of standardised questions where staff would tick to show if the person experienced any of the symptoms listed on the form. We saw from these forms that sometimes people would show behaviour that challenged. There was nothing on these forms to detail the potential triggers and what support staff could offer people when they showed behaviour that challenged. By not including such detail in people's care records, there was a potential risk that agency or bank staff would not know how to support people according to their individual needs. In spite of this, the permanent staff we spoke with had a good understanding of person centred care. One member of staff we spoke with explained, "Everything we do revolves around that person. People don't have a drink at 3pm because the tea trolley comes around to them; people have a drink because they want one."

Throughout our inspection visit we saw that staff were responsive to people's needs and wishes. We noted that one person who was at high risk of falls had a room which was close to one of the staff rooms. The manager told us that this was so staff could respond quickly when the person's alarm mat alerted staff to when they started to mobilise. We heard the person's alarm mat sound during our inspection visit and noted that a number of staff promptly attended to the person, including the manager and the maintenance staff. We saw that staff gently guided the person to where they wanted to be whilst using humour appropriately.

People were supported to follow their interest and hobbies. An activities coordinator worked in the home and we saw that they would provide a range of different activities such as arts and crafts and gentle seated exercises. One person we spoke with told us, "I do painting and I go to activities Tuesday, Wednesday, Thursday and Sunday." There were a number of people who lived in the home who were living with dementia. We were told that some people who were living with dementia could become restless or distressed. The activities coordinator showed us a number of items they had made specifically to help people when they became distressed. We saw that one person was using an activities cushion which was made specifically for them with a number of different textures on it. There were also a number of other items that people could use, such as dolls and stacking cups. This showed activities were provided in a manner that took account of people's individual needs.

People told us that they were asked what their interests and hobbies were. One person we spoke with told us that they had a tablet computer and they enjoyed going on the internet. They told us that the manager had supported them with getting an internet connection. We noted that a number of people's artwork was on display throughout the home. The manager told us that they would support people with getting their artwork framed and some people chose to give their work as presents to their relatives.

During our inspection visit we saw that the activities coordinator was supporting people to do some baking. We also noted that the activities coordinator would spend time individually with people. We saw them on a number of occasions sitting with people talking over a drink we also saw them doing a quiz with someone in

their room. We saw that one person enjoyed doing jigsaws and we noted that a table and chair was set up especially for this person.

We saw from records of the activities that signers and other community groups visited the home to provide entertainment and people would visit the local town to go to the market or for fish and chips.

There was a complaints policy in place and we saw that there was a copy of this in the reception area where visitors signed in. People we spoke with told us that they would feel confident in raising a complaint if needed and they knew who they would report their concerns to. Staff we spoke with told us how they would support people to make a complaint. The manager told us that they have not had any complaints in the past year. They were able to tell us the procedure they would follow if someone wished to make a complaint.

Is the service well-led?

Our findings

During our previous inspection on 5 and 6 January 2016 we found that we were not always notified of significant events. Providers are required by law to notify us of any important events. Our findings constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found during our most recent inspection on 8 and 9 February 2017 that improvements had been made in this area and the provider was no longer in breach of this regulation. The manager had implemented a system to ensure that events were notified as required. We reviewed these records along with the records we held which showed the provider was submitting notifications as required.

There were a lack of formal recorded systems in place to monitor and assess the quality of service being delivered. We saw that the manager had completed an audit of the environment, health and safety, staff training and people's care plans in February 2016 but no other audits had been carried out apart from the weekly maintenance checks.

The manager told us they made regular observations of the care being given at St David's and would speak to the nursing staff to ensure that they understood their roles and responsibilities but did not make any formal records of this. There were also no records of a formal medicines audit, again the manager informed us that they would routinely check people's medicines but did not make any formal record of these checks. The manager told us that the provider did not carry out any regular audits of the service.

The manager told us that they were aware that they needed to implement systems to monitor and assess all areas of the service. During our inspection visit, the manager was able to show us the forms that they had developed for auditing people's care plans and the nurses' competencies. The manager told us that they planned to implement these in the coming weeks.

We recommend that the manager implements regular auditing of processes within the service in order to monitor the quality of the service being delivered.

We saw that the manager sent out questionnaires to people living in the home, people's relatives and healthcare professionals. This gave people who were involved with the service an opportunity to provide feedback about what was good about the service and what could be improved. We saw that people who lived in St David's were asked to complete a questionnaire in January 2017 and their relatives were sent a questionnaire in July 2016. We looked at the responses from both of these questionnaires and noted that a majority of the responses were positive. We saw that the manager had developed an action plan to address the areas for improvement. We noted responses from healthcare professionals were also positive in and saw that positive comments had been made about the good communication between the staff, the people who lived in the home and other healthcare professionals.

The manager told us that they regularly met with managers from other services. They told us that they used this as an opportunity to exchange advice about good practice. They added that they liked to continually look for ways to improve the service. The manager told us that they were part of a study which was being run

by the community pharmacists and the local university. This study is looking at how pharmacists can work alongside care homes to improve how people are prescribed their medicines and provide close monitoring of how people respond to a new medicine. The manager told us that that they liked to become involved in such studies because they liked to continually improve the care being given to people.

People and their relatives we spoke with told us that they thought that the service was run well. We saw that the manager spent a lot of their time walking around the home talking to people, their visitors and the staff. We saw that the manager had a good rapport with the people who lived at St David's. One person we spoke with told us, "I see [the manger] quite often." Another person we spoke with told us, "You can talk to [the manager]."

We saw from records we looked at that regular staff meetings took place. This gave staff the opportunity to speak about people's care needs and put forward their suggestions about how the service could be improved. Staff we spoke with told us that they felt able to put forward their suggestions. One member of staff we spoke with told us, "[The manager] always asks, 'what do you think?' and 'what do you need to do your job better?'."

We saw on both days of our inspection that there was clear leadership in the home. We saw that care staff would regularly speak with the nurse in charge about people's care needs and raise any concerns so they could be dealt with promptly. Staff we spoke with told us that there was frequent and open communication from the manager. One member of staff we spoke with commented, "[The manager] is really, really good at keeping everyone in the loop."