

Dr Ajit Kumar Verma and Mrs Gayatri Verma







St Davids Residential Care Home

Inspection report

36-38 Nelson Road South
Great Yarmouth
Norfolk
NR30 3JA
Tel: 01493 842088

Date of inspection visit: 4 December 2014
Date of publication: 25/02/2015

Ratings

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

Overall summary

This inspection took place on 4 December 2014 and was unannounced.

At the last inspection dated 19 June 2014 four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were found. During this inspection we found that meeting nutritional needs and safety and

suitability of premises had been addressed and now met the regulations required. However, two breaches were still outstanding regarding quality monitoring and safe storage of records.

This is a care home that does not provide nursing. It can accommodate up to 18 people. On the day of out inspection 14 people were living there.

Summary of findings

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 and associated Regulations about how the service is run.

The people who live in this home told us they felt they were supported safely. They told us call bells were answered quickly and that staff knew what they were doing. Action from the last inspection, required to be taken by the provider had been acted upon, which included the fitting of a new fire alarm system, making the fire safety system safe.

Staff were aware and would recognise abuse and knew how to report this on to their manager if they had any concerns that a person living in the home was not safeguarded from abuse.

Some people felt restricted and said their freedom to do what they wished was not always allowed. Risks had not been assessed and acted upon so that people could be offered the freedom they requested. This meant the provider was not meeting the requirements of the law that stated that people should be supported and their independence promoted.

Safe procedures for medicines were in place and staff dealing with medicines were competent and skilled.

Staff were trained and able to do the job effectively and were being supported to develop their knowledge further.

The meals were enjoyed and people knew on the day what choices were available. Those people who required support to eat their meals were offered this by staff who were respectful in their approach.

The local GP practice which included the district nurse offered support to people to meet their health care needs. Other health professional support, such as occupational therapists, were involved with the care and support as and when required.

We received many compliments about the staff in the home. People, including relatives told how good they were. However, we did find that confidentiality was not always followed to protect people's privacy.

Although each person had a care plan to tell staff how they wished to be supported and involved in their lives in the home, some of those plans were better than others. Improvements required had been recognised by the new manager and had started to be implemented.

We had not been notified nor could we find any complaints about this home. People told us they would have no problem in complaining if they felt they needed to.

People told us they could talk to the management and staff and felt they would be listened to. What was not evident was how the provider ensured the service was assessed and monitored for the quality of the service delivered. The provider was not meeting the requirements of the law by having an effective system in place to assess and monitor the quality of the service.

You can see what action we told the provider to take at the back of the full version of the report.

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 felt safe and said staff were available to support them when required.

Staff would act appropriately to ensure people were safeguarded from abuse.

Medicines were not always managed safely. Medicine records were not always completed at each administration.

Good



Is the service effective?

The service was not consistently effective.

Some people felt restricted in their day to day lives.

Staff were offered training and support to do the work required.

A choice of meals were offered and people were supported appropriately when assistance to eat was required.

Health care needs were supported by health professionals as and when needed.

Requires Improvement



Is the service caring?

The service was caring.

People told us the staff team were caring and supported them appropriately.

Relatives spoken with were complimentary about the staff team and care provided.

Good



Is the service responsive?

The service was responsive

Information in individual care plans was being improved upon.

Changes in individual care requirements were met when needed.

Good



Is the service well-led?

The service was not well led.

The quality of the service was not fully monitored and shortfalls were not always acted upon.

Procedures and guidance available to staff was out of date.

Confidential records were not held securely.

Requires Improvement



St Davids Residential Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 December 2014, was unannounced and carried out by two inspectors.

We looked at information that was gathered before the inspection such as the Provider Information Record (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. We also reviewed any statutory notifications that the provider had sent us. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with six people using the service, two of their relatives, one visitor, three care staff, one kitchen staff, the district nurse and the new manager. We conducted a Short Observation Framework for Inspections (SOFI) which is a process we use for observing care to help us understand the experiences of people who find it difficult to talk with us. We completed general observations and reviewed records. These included three care plans, daily records of a person's day, risk assessments, medication administration records, staff training records and records of audit and quality monitoring processes.

Is the service safe?

Our findings

People told us they received their medicines when they required it, were asked if they needed their pain relief regularly and were encouraged to drink plenty of fluid when taking their medicines. The administration process was observed in the morning and completed safely. Medicines were found to be locked in a medicines trolley and chained to the wall for safe storage. Medication administration charts (MAR) were signed by a staff member the majority of the time. However, not all creams had been signed for when applied, especially when the night staff were assisting people with personal care in the morning. Ordering medicines was completed on a four week cycle so no one ran out and returned medicines were recorded and sent back to the pharmacist. Medicines were safely managed the majority of the time.

Three other people we spoke with told us the care and support they received reassured them and that they felt safe living in this home. One person said, "I feel secure. Staff are able to support me safely and I have knowledge that someone will come when I ring my bell. I don't have to wait long." This was evident during the eight hours we were in the home as bells were answered quickly and other people spoken with assured us they were supported quickly when requiring assistance. A second person said, "I feel I am treated well. I think if I had any concerns about feeling unsafe the staff would listen to me."

Staff we spoke with showed they had a clear understanding on how they would ensure people were safeguarded from abuse. They told us about the training they had undertaken in the past. They explained what may be seen as abuse and that they would not hesitate in telling management or the providers of the home if they had any concerns for the safety of the people living there.

At the last inspection in June 2014 concerns were raised about some of the fire safety equipment in the home. An action plan was received from the provider of this service in August 2014 and evidence was seen during this inspection of the improvements made. This included an upgrade of the whole fire alarm system. We saw the list of the new fire equipment installations and noted the new fire alarm panel, evacuation chair on the stairs and safety devise on the fire exit.

At the last inspection the staff rotas had been completed week by week with staff not knowing what they would be doing the following week. We found on this occasion that improvements had been made by the new manager and there were five weeks of rotas on display showing when staff were on duty. We looked at two weeks of rotas and noted that the number of staff expected to work were listed. The staff we spoke with told us they could meet the individual needs of people living in the home. They said they knew which shifts they were working in advance and this helped to ensure the number of staff with the right skills were on duty to meet people's needs. They told us they supported each other to cover annual leave and sickness. We did not see anyone waiting to be assisted and noted staff attended quickly to people when required. People we spoke with said the staff were able to care and support them as and when they needed.

In the absence of the registered manager the personnel files for staff were locked away and the key was not available. However, a newly recruited staff member told us about the procedures they had been through and what information had been required to produce prior to them commencing employment. They said they were not allowed to start work until all the relevant information had been received by the manager.

Is the service effective?

Our findings

One person living in the home told us the staff took 'keeping them safe' too far and they felt restricted. For, example this person wished to go outside to pursue their outdoor interest. They were told this would be unsafe. Staff we spoke with could not produce a risk assessment for this activity nor could they tell us what action had been taken to assist this person to go out when they wished to. It was clear when talking with this person that they used to go out a lot. They said they missed this activity and had just accepted that they could no longer go out when they wished. The staff we spoke with were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) but they lacked understanding on what was a deprivation of liberty. The new manager told us they had recently completed a trainer course with the local authority for the MCA and told us of their plans to cascade the training to the staff once in post. They said no-one was being supported by a DoLS decision at the time of this inspection. The provider had not ensured that the views of people were considered and risks assessed to minimise restrictions on people's freedom, choice and control to live their lives as they wished. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The people we spoke with told us that staff knew what they were doing. We were told that staff supported them effectively. One person said, "The care and support staff give me is what I need." During the mealtime people told us that the food was great. They said there was always plenty to eat and drink. One person said, "I look forward to my food. I cannot complain about any of the meals."

We observed that staff interacted and supported people appropriately. For example, we saw how choices were offered according to the person's understanding and how staff quietly encouraged someone who was refusing support at the time. However, we also noted that some signs of distress were not acted on with a lack of understanding by staff on how to appropriately manage the situation. The new manager of this home told us about the distance learning on dementia care the staff were just starting. This manager told us they were a qualified dementia coach and had a plan of training to implement. We spoke further with staff about this training and they told us how it would help them with their role in supporting

people living with dementia. They talked about the content of the course and the workbooks to be completed in the coming weeks. Staff were developing their skills to support people who may be living with dementia.

A newly recruited staff member told us about their induction and the shadow shifts they had completed to ensure they had the basic knowledge to support people appropriately before working as part of the rota. Other staff told us about the training they had completed. However, we could not find clear records of training already done or plans for their future training. The new manager showed us their action plan. This included a training programme that stated a training record would be implemented when they took over the role of manager at the beginning of January 2015. They told us this would ensure all staff were up to date with relevant training and supported to gain further qualifications. Two of the care staff members we spoke with did have a recognised qualification in health and social care. They said they had worked in the caring profession for a number of years and told us they had the skills required to meet people's needs.

The staff we spoke with said they would make decisions with people and would involve their family if and when appropriate. One family member told us how the staff team had supported them and their family member living in the home in making the best decision about where they would prefer to live in the future. This relative said the home staff had been excellent in their support and assistance with decision making. The person at the centre of the decisions told us they were happy with the way they had been supported.

At lunchtime we spent time observing the way people were supported with their meal and found they received a wholesome balanced meal. The people who required assistance were encouraged appropriately by a staff member sitting with them. We heard one staff member explain each mouthful quietly and to offer choice. The conversations that took place and the interactions noted were accompanied with smiles showing people were enjoying their meal. People told us they were offered a choice of meals on the same day the meals were prepared. Throughout our visit we noted that people were regularly offered drinks. Those people unable to hold their own cups were supported to drink ensuring they received enough fluid to keep them hydrated. People who stayed in their rooms told us the food was good and plentiful. We saw that

Is the service effective?

jugs of juice were replaced when empty. The cook told us no-one required a special diet at the time of this inspection. People were being weighed regularly. Staff told us this was to ensure they maintained a healthy weight and if a concern was raised regarding a person's weight the GP would be informed.

The new manager talked with us about the support provided by the local GP practice. People we spoke with told us they could see the doctor when they wanted and that the doctor also visited each week on a set day to hold a surgery. The visiting district nurse told us the staff followed guidance from the medical team to meet the

healthcare needs of the people in the home. We noted in one care plan that support from the occupational therapist had been required and action was recorded on the advice given. The new manager said that support for any medical advice would be sought quickly. They told us they had requested a meeting with the GP to gain access to some information that would enable the home to support people fully with their health needs. We were told no one in the home had any pressure area concerns at the time of this inspection but that staff would contact the district nurse for advice if and when required. The people living in this home were supported effectively with their health care needs.

Is the service caring?

Our findings

All of the people we spoke with made positive comments about the caring staff team. "I cannot fault the kind and considerate staff team." was one comment. A second person said, "This is a lovely, caring home. I am well treated." We noted throughout the visit that staff interacted with people in a jovial but respectful manner with plenty of laughter. People were treated respectfully and courteously.

One relative told us that the home could not be more caring. They said, "The staff are magnificent. They keep me regular informed. They are really good."

The people we spoke with knew that records were held about their care and support needs. They said that sometimes the staff would talk to them about their care. Two people spoken with said they were happy with the care information written in their care plans as they received the care they wanted and were not concerned about the information written in their records. All people spoken with told us they had no complaints. One person said, "I would soon say if I was upset about anything. The staff here are good and would listen to me." Another person said, "I have no complaints but know [staff member] would listen to me and sort it out."

Two staff told us how they cared for people as if they were members of their own family. They said, "It is relaxed here and nice to be able to sit down and chat with people."

During observations we could see the interactions taking place were appropriate and showed the staff knew the people they were supporting. For example, we listened to conversations about people's past lives and their likes and dislikes. As people were assisted with their care and support we noted that staff spoke respectfully to each person receiving assistance. We saw that bedroom doors were knocked on prior to the staff member entering and that conversations were appropriate.

At the time of this inspection a person living in the home and their family were working with the staff to plan their future in another part of the country. They told us how supportive the staff and manager had been in trying to make their plans work and that nothing had been too much trouble. The family member said, "We feel very welcome. We are always offered a drink and staff will answer any questions we have."

However, although the staff were caring they sometimes had a casual approach when protecting people's confidentiality. This was because some of the records held about people were not always secure. We found daily records were easily accessible along with MAR charts that could have been read by anyone in the home.

Is the service responsive?

Our findings

One staff member said they always sat with a person who had recently been admitted. They told us they would explain the care plan and ask, "Do you mind if we go through a few questions about your life." We were told that staff do have time to sit with people and this was evident during this inspection.

The home had two styles of care plans in use at the time of this inspection. One that was in a ring bound folder making adding or changing information difficult. Therefore, some of the information was historic and no longer relevant. The new manager had identified the difficulty in using this old style of documentation and had started to change the format used so that information could easily be updated as and when required. Once fully implemented this would enable staff to get to know the people's past and offer relevant support to meet the individual needs.

Throughout our observations we could see that tasks were carried out as and when the person required them. For

example, one person who preferred their main meal at the end of the day was supported to have this in the evening. However, people's social interests were not fully supported and those who wished to go out for various activities were restricted to do so. We noted that many people sat in the lounge with their chair against the wall and that the television was on. Only one person was watching it. However, staff were regularly interacting with people and conversations were jovial. One person we visited in their room was engrossed in a jigsaw which they said they enjoyed. Another person was patting a dog and talking to its owner who told us they regularly visited. It was evident how much pleasure the person gained from this visit.

In the absence of the existing manager, we could not find any records of complaints that may have been made and could therefore not see if any action had been taken when a complaint had been received. However, we had not received any concerns or complaints about this service and people spoken with did not have any concerns to share with us.

Is the service well-led?

Our findings

At the last inspection of 19 June 2014 we found there was a lack of effective systems in place to monitor the quality of the service provided. During this inspection we found the provider had not improved on the monitoring of the quality of the service.

Staff we spoke with told us that repairs within the home were not always acted upon quickly even when they recorded the concerns in a maintenance book. In three bedrooms we visited, wall fitted radio/clocks were not working, showing incorrect dates and times. One was found to be flashing all the time and the person whose room it was in told us it had been like this for a year and kept them awake. They said they had told staff but nothing had been done. A second person said the clocks had told the wrong date and time for “ages”. They said, “No one has bothered to change it and I never know what the time or date is.” A trip hazard that had been identified at the last inspection had still not been acted on and the hazard was still found. The manager said they had no records of premises checks available to show us. The provider could not ensure the quality of the building was checked or that action was taken when repairs were necessary.

People living in the home and their relatives had completed a survey questionnaire on the quality of the service provided in July 2013 and October 2014. However, there was no analysis of findings and no evidence that any information had been acted upon.

We asked one staff member responsible for medicines what systems were in place for monitoring medicines. We were told that a formal process was not completed but that random checks were done. Gaps in records were evident when we reviewed medicines during this inspection. The provider could not ensure they had a suitable system in place to monitor medicines management.

The evidence above shows a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At the June inspection records were not maintained or stored correctly. It was evident at this inspection that not all records were held confidentially, for example people's daily care records and their medicines charts were accessible in an area of the communal lounge. We spoke with one staff member who confirmed that the records were kept there so that they could access the information quickly.

Policies and procedures were out of date and information to guide staff was historic and not relevant, such as the guidance from old regulators who no longer exist. The new manager told us that there was a lot of updating on old existing policies and procedures required and once they were in post they would be updating them. They had already identified that the medicines management policy was out of date and showed us the new version that was relevant to this home and about to be implemented.

People and relatives we spoke with told us that the new manager was readily available and would have a chat with them regularly. One person said, “I can easily talk to the [manager] or [staff] about anything that is concerning me.”

Staff told us meetings were held and minutes were taken to share with all staff. The staff we spoke with told us they were positive about the future and could see improvements beginning to happen in the service provided.

Visitors spoken with said they were always made to feel welcome and had no concerns about the staff or service provided by the home. They said they were involved and listened to when they visited the home.

The new manager told us of their plans to develop and improve the service. They told us they were working with the provider, families and professionals to improve the quality of the service. We were shown an action plan ready to be implemented and noted that some of the actions had already started to take place.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

The provider did not have suitable arrangements in place for obtaining and acting on the consent of people who were able to choose how they received their care and support.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The provider did not have an effective operation system to regularly assess, monitor and improve the quality of the service.