St Benedicts Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

St Benedict's Nursing Home provides care and accommodation for up to 60 people in one adapted building. At the time of our inspection there were 49 people living in the home. There are two separate areas of the home: The Vicarage provides general nursing care and The Deanery provides nursing care for people who are living with dementia.

St Benedict's Nursing Home is a "care home". People living in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There is a registered manager for the service, this is a legal requirement. 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.

The inspection took place on 28 March and 10 April 2018 and was unannounced for the first day and announced for the second day.

The arrangements for the storage and management of medicines was satisfactory. However, improvements were needed to ensure administering was as prescribed and robust in ensuring people received the appropriate dosage.

Care planning was comprehensive and focused on the individual. There was a focus on identifying the personal choices and preferences of people in relation to daily living choices and routines.

People and relatives described the home as a safe place to live with sufficient staff and a warm and welcoming environment. One person described the home as, "A safe place to be where all the staff are friendly and care about us."

The provider had made changes to ensure they identified where people's health needs were changing and may require hospital admission. This was part of their learning from a complaint made by a relative.

The home promoted an environment where staff were encouraged to improve their skills and knowledge and gain professional qualifications. The provider had established links with a local college and apprenticeships training courses.

People described the staff as, "Caring and kind". One person said how staff respected her privacy and dignity when being supported with personal care. They said, "This makes all the difference to me I do not feel embarrassed in any way."

Staff were confident about raising any concerns about the safety and welfare of people and action being taken to address their concerns ensuring people were safe.

The service was responsive to people's changing care needs and had good arrangements for getting support from outside professionals such as tissue viability nurses and dieticians. A healthcare professional spoke positively of the approach of the home, "They are very responsive to people's needs and do not hesitate in seeking professional advice."

There were regular activities and people were able to maintain their contacts with the local community. One person said, "There is a lot going on from musicians to craft, I like the choices." Another person said, "There's plenty to do if you want."

Staff were very positive about the culture of the home being one of openness and listening to people and staff. People spoke of an approachable manager, "Always around to talk about anything you want, very approachable."

The provider and registered manager were actively promoting a culture where people could be confident of receiving quality care which met their needs. They recognised the importance of having skilled and trained staff in providing consistent care to people living in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

People would benefit from more robust arrangements for the administering and management of medicines.

People were supported by staff who had received pre-employment checks to ensure they were suitable for the role.

People benefitted from staff who understood their responsibility to report any concerns about possible abuse.

People benefited from a provider who learnt from incidents and took action to improve systems to ensure people health and safety was protected.

Is the service effective?

Good

The service was effective

People benefitted from staff who had the skills and knowledge to meet their needs effectively and competently.

People benefitted from receiving meals which were nutritious, well presented and met their needs.

People's rights were protected and upheld particularly in relation to the gaining of consent to provide care and support.

People's legal rights were protected.

Is the service caring?

Good

The service was caring

People's dignity and right to privacy were respected.

People benefitted from meaningful and supportive, caring relationships with staff.

People's needs were responded to in a timely and sensitive way.

People benefitted from maintaining their relationships with family and friends.

Is the service responsive?

Good

The service was responsive

People had the opportunity to express their views about the quality of care they received.

People benefited from care which was focused on their individual needs, routines and preferences.

People had the opportunity to take part in meaningful activities.

Is the service well-led?

Good

The service was well led

People benefitted from an environment and culture which was open and listened to people and staff.

Quality assurance systems were in place to identify and make improvements where these were needed.

People benefited from an open and approachable registered manager.

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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.

The inspection took place on 28 March and 10 April 2018. It was unannounced on the first day and announced on the second day.

This inspection was carried out by one inspector, a nurse and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information that we had about the service including safeguarding records, complaints and statutory notifications. Notifications are information about specific important events the service is legally required to send to us. The provider submitted a Provider Information Return (PIR) before the inspection and we used this to inform our inspection.

We used a number of different methods such as undertaking observations to help us understand people's experiences. We spoke with 12 people who used the service, five people's relatives and one health care professional. We also spoke with seven members of staff.

During the inspection, we looked at six people's care and support records. We also reviewed records associated with people's care provision such as medicine records and daily care records. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audits.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always administered and managed robustly. For example there was one person who was receiving the correct dose but this was not as entered by the pharmacist on the administration chart. Staff had not noted the incorrect dosage on the administration chart. This error by the pharmacist had not been identified. Antibiotics were not always being administered in evenly spaced doses i.e. every four or six hours as prescribed which can reduce their effectiveness. These matters were discussed with the nurse in charge who advised they would be addressed. We noted the issue around antibiotics administering had been addressed on the second day of our inspection.

Records of the application of topical creams did not always demonstrate they were being administered as prescribed. There were gaps in the administering charts indicating the topical cream may not have been applied.

Where a person was being administered a liquid medicine the amount left in the bottle was less than that there should have been when taking into account the accumulative administered medicine. This was potentially a dispensing consequences, for example waste when being administered however, this difference in amount had not been noted. This was subsequently rectified by the provider through the purchasing of accurate measurement equipment.

Whilst medication audits had been undertaken by the provider none of these shortfalls had been identified as part of these audits.

Protocols were in place for medicines, which were prescribed to support people whose behaviour may cause the person distress. These provided guidance as to their use and included specific recording when used to provide evidence they had been administered to protect the person's well-being.

People told us they felt safe living in the home. One person told us, "I am safe as houses here, I have no worries at all, they are here all of the time to look after me." A relative said, "My (relative) was always worried at home but she feels safe here all of the time. They are always checking up on them now." Another relative said, "I looked after (name) at home but when I went out I worried, now I go home from here and I don't have to worry."

The provider had systems and processes, which helped to protect people against the risks of abuse. There was a robust recruitment process which meant that all staff were thoroughly checked to make sure they were suitable to work with people who lived at the home. There were systems in place for the reporting of incidents and where abuse may have occurred. The provider ensured where any concerns about possible abuse were identified these concerns would be referred to the social services safeguarding team and they would work collaboratively with the team.

Staff demonstrated an understanding of their role and responsibility in reporting any concerns about possible abuse. Staff were able to identify what could be considered as abuse. One staff member said, "If a

person told me anything which could be abuse such as being verbally abused I would report it to the manager." Another said, "I would definitively report any concerns or worries about possible abuse. I know the manager would do the right thing and report it."

Staffing arrangements ensured people's needs were met. One person told us, "I am safe here all of the time, you ring the bell and they come running." Another person said, "Always people around looking after me, they know what I need and they know how to do it." A staff member said, "There are arrangements to ensure staffing is structured to include staff with the necessary skills and experience.

Staff demonstrated an understanding of their role and responsibilities in ensuring people were not placed at risk of infection and risks of cross infection were alleviated. They told us how where people had infections which could present risk to others "barrier" nursing took place. This is where the person remains in their room during period when risk of cross infection is highest. Potentially infected items are dealt with in the person's room with specific disposal methods to prevent risk of contamination. There were systems in place to ensure cleaning of all areas of the home took place. This meant people's health and welfare were protected as far as possible from the risk of infections.

Risks to people's personal safety had been assessed and plans were in place to minimise the risks. This included emergency individual plans in the event of a fire. There were systems in place for the monitoring of the environment to identify any areas for improvements and reduce risks to people. Equipment such as hoists were regularly serviced to ensure they were safe. At the time of our inspection an service engineer was testing equipment. They confirmed they had found no equipment which was of concern and all met safety requirements. Records were securely stored and not accessible to people other than staff. Where there had been concerns raised about people's welfare the provider had undertaken thorough and comprehensive investigation. The provider had a positive approach in working with the local authority and other professionals in any safeguarding or welfare concerns This meant risks to people's health and welfare were wherever possible identified and alleviated.

The manager and provider responded positively to concerns and were open to looking at incidents and events. This had resulted in changes in working practice and improved the safety of people living in the home. The provider had introduced a new system to monitor people's health and well-being. The system identified where people may need urgent hospital admission because of risk of sepsis. This had followed a complaint being raised.

Good

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 were supported by staff who understood about their responsibilities where people lacked capacity and were unable to give informed consent. One person said, "They always ask me what I want doing and how I want it done". Another person told us, "I get a choice in everything". If people lacked capacity decisions were to be made in their best interest. Staff knew to involve other professionals and important individuals to the person such as family or relatives. This was evident where people were unable to give consent to receive medicines and best interest's decisions had been made. This meant people legal rights were protected.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff and the management knew what to do if a person was going to have their liberty deprived. There were a number of people who were the subject of a DoLS none of whom had any conditions on their authorisations the provider was required to meet by law.

People were supported to eat a nutritious and balanced diet. One person said, "The food is really good here, plenty of it, good choice." Another person said, "The food is nice and tasty." However one person told us, "The food is alright, my appetite is very small, if they put too much on my plate it puts me off sometimes."

In the Deanery where people living with dementia were supported we observed people being offered a visual choice of the meals available. This helped people in making a choice. Meals were presented well and on coloured plates and place mats. This helped people living with dementia identify the food and provided a strong visual message about having their meal. Some people had a pureed meal and this was presented in shapes of the item. For example shaped like potato, sausage or a piece of fish giving a stronger visual picture of what the meal was.

One comment received by a relative said, "We would like to congratulate (staff name) on how wonderful (relative) soft food is prepared and beautifully presented. (name) is eating much better now and eating regularly as before they would go through stages of not managing to eat."

People had their health and social needs assessed and a care plan was put in place identifying specific needs around areas such as personal care, moving, mental health. Care was provided with the support of professionals such as dietician, community mental health nurse where this was identified as a need to ensure care was provided in an effective way.

People with recognised differences because of a disability or medical condition were respected and had equipment in place to help them. One person had a writing board which was used by staff to help in communicating with them.

People were supported by staff who had enough training to meet their health and care needs. Members of staff had access to training including safeguarding, first aid, dementia awareness and moving and handling. The provider had established links with a local college for staff to undertake apprenticeships in health and social care. There was a designated member of staff who mentored new staff and supported them through core skills training and induction. Staff commented how the new arrangements were of real benefit in "Having the skills we need." and "It gives us the key skills we need to support people." There were arrangements in place to ensure nursing staff maintained their nursing skills competence.

People had access to other health and social care professionals to meet their needs. One person said, "I see the doctor when I need to." and another told us, "The doctor comes and sees me when required, they arrange it."
A relative told us, "If my relative needs the doctor they arrange it straight away. My relative was really poorly, they got the doctor and they were sent to hospital. They keep their eye on everyone, if in doubt the doctor is called." There were regular visits from a podiatrist and optician.

Improvements had been made to the Deanery where communal areas had been decorated and areas were more reflective of how they were used such as quiet sitting area, general lounge and dining room. This potentially helped people living with dementia orientate themselves. In the Vicarage flooring had been improved and replaced with the involvement of people in choosing the material. Adaptations had been made through the home to ensure people with a disability or mobility difficulties could move around more freely and safely. This meant the environment enabled greater independence and was more accessible.

Good

Is the service caring?

Our findings

People told us they found staff caring and friendly. One person told us, "The staff are always nice and kind, they do everything with a smile, no complaints here." Another person said, "They treat me with respect and always care for me in a way which makes me comfortable and not embarrassed." A relative said, "The staff are kind, caring and compassionate." and another relative said, "Everything and everyone is wonderful here. Staff are so kind and caring. No matter how people are, it does not worry them at all, they just carry on being caring, it is all very good."

One comment received in a letter to the home said, "Once again St Benedict's have extended their compassion and care to those other than their residents."

We observed staff interacting with people in a respectful and compassionate way. For example in the Deanery some people were at times distressed or confused needing re-assurance. Staff provided this re-assurance and sat with people to help them feel relaxed and able to reduce their anxiety.

Staff demonstrated an understanding of how to ensure people's dignity was respected. They spoke of always making sure people's privacy was respected especially when providing personal care. We observed staff supporting people to use the toilet. This was done in a quiet unobtrusive manner. On one occasion staff needed to use a hoist when mobilising a person. They did this in a way which made the person feel safe, explaining what was happening and again ensuring their dignity was protected.

Staff had an understanding of equality and diversity. People's preferences were understood and respected. One person told us how the home supported them in their religious beliefs. One staff member said, "It is about seeing people as individuals." Another spoke of one person who needed particular support around communication and how this was provided. This meant where people may have specific needs related to equality and diversity they would be met.

Relatives told us they felt welcomed in the home and described the home and staff as, "Friendly and welcoming." One relative told us they were always kept informed about the welfare of their relative. They told us, "They always tell me if (relative) has been unwell. I am more than happy about the care here." Another relative told us how they had been able to stay overnight when their relative was ill. A third relative said, "I go home after visiting and I know I do not have to worry."

People had the opportunity to be part of a regular care review and staff asked people if they had any needs which were not being met. One person said, "I can always say if I need more care or something has changed." Another person said, "Staff are always asking me if I need any more help."

Good

Is the service responsive?

Our findings

Care plans were comprehensive in providing guidance to staff about how to meet people's care needs. However, where one person had epilepsy there was a lack of information. The care plan stated who had epilepsy "To maintain airways" but not how this was to be achieved. This meant there was the potential for staff to not provide appropriate care because of lack of guidance and instructions. The lead nurse was told about this and said this information would be added to the care plan.

Staff spoke of how they ensured people received care and support which was the person's choice and fitted their preferences and routines. For example, staff were able to tell us about how one person could become distressed or upset and how they could respond and what signs to look for. This was echoed by relatives who told us, "Staff treat (relative) as a person" and, "Staff know what to look for and sit with (relative) when it is needed." A health care professional told us, "Care plans are detailed and comprehensive, they are holistic in their approach." They also told us how they felt the home provided, "Personalised care."

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us about using cards for one person who had communication difficulties.

There were end of life care plans in place. This provided an opportunity for people to discuss and set out how they wished to be cared for at the end of their life. The home used a nationally recognised approach to identify people's needs and wishes at the end of their lives.

There was a complaints procedure in place and people told us they were aware they could make a formal complaint if they wished. One person told us, "We only have to speak with staff and they will sort any problems. I know I can make a complaint if I wanted." Another person said, "I do not need to make any complaints because staff listen to you and the manager is very approachable."

One complaint had been made and the provider had fully investigated the concerns raised and taken action to improve practice in the home about assessing people's health needs where there were concerns about deterioration.

There were opportunities for people to be involved in meaningful activities and maintain contact with the local community. People were able with the support of staff to visit the local shops. One person was able to maintain their contact with the local church through the use of church volunteers. Activities ranged from music appreciation, chair aerobics to painting and crafts. One person told us, "There is always something to do if you want." For those who chose not to be part of group activities there was one to one time with people. One person said, "They (staff) will always come and have a chat which I like."

People told us they had the opportunity to talk about their experience of receiving care and comment on

the quality of care. This was through regular meetings and questionnaires. One person told us, "I do not always go to the meetings but I know I can if I wish and have made suggestions in the past. I have completed questionnaires."

Good

Is the service well-led?

Our findings

People and staff spoke of an open and approachable management. One person said, "The manager is very friendly and always comes around to say hello and ask how we are." Relatives told us, "The whole of the management team are very approachable, you can talk to them any time, nothing is too much trouble, the door is always open." Another relative said, "This place is a home from home, it is well led, the manager is very approachable, a nice lady, her door is always open."

Staff told us how there had been "Positive" changes. For example, "Huddle" meetings where staff met in small groups and got to talk about what was happening in the home and how people were. One staff member told us, "It is much better, helps us keep informed." The management team told us their introduction had led to improved engagement with staff. There was also a staff award scheme where people, relatives and staff nominated staff for their efforts.

There were systems in place to review and monitor the quality of care. These included auditing of care plans, accidents and incidents analysis and wound prevalence. One care plan audit had identified areas for improvement including the need to make care plans more person centred, this had been actioned. In another instance the care plan had been reviewed and updated to reflect improvements and this had been verified through a follow up audit of the plan. This showed how the audits had led to improved documentation and care planning.

The provider had an improvement plan in place which looked at how the environment could be improved over the year for example redesigning the garden space to make it a more accessible, inviting and relaxing environment.

In talking with the provider and registered manager they identified how they were hoping to improve family engagement, consolidate the use of early warning system around sepsis and involvement of people in decisions about the home. They also told us they would continue to focus on staff opportunities for development and training as part of building, "Staff confidence leading to improved care." They said how they wanted to demonstrate how they valued staff and evidence the impact this had on the quality of care and staff retention.

The service had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

There were positive relationships with outside organisations, for example health and social care professionals. Where necessary these professionals worked with the provider in reviewing people's care needs and ensuring the provider was able to provide care and support where people's needs had changed. The provider had actively engaged with the local authority around a complaint. The home provided a venue for meetings of the Dementia Action Alliance which helped improved staff understanding of dementia and demonstrated the home's efforts to engage with the local community.