

Sonesta Nursing Home Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Sonesta Nursing Home Limited is a care home providing personal and nursing care for up to 32 people. At the time of the inspection there were 23 people living at the service.

People's experience of using this service and what we found

People felt safe living at the home; relatives confirmed the care and support provided maintained people's safety. Staff were able to tell us how they safeguarded people from potential abuse.

The registered manager and management team were well regarded by people at the service and relatives and we saw evidence of good quality care provided to people. We found some areas in which records needed improvement to reflect the care given and to show care had been reviewed. For example, quality assurance processes such as audits were in place to help ensure standards were upheld but had not found some minor issues we identified at the inspection. We saw complaints were dealt with promptly and actions were taken following accidents and incidents.

There were enough staff to meet people's needs and to provide care in a caring and personalised way. There was a long-standing staff team and this meant staff understood people's preferences and routines. Staff treated people with respect and dignity. People were fully involved in their care as much as they could be. People's right to privacy and confidentiality was respected and integral to the ethos of the home.

People and their relatives told us the care and support provided met people's needs. Staff received training necessary for their roles and felt fully supported by the management team. The registered manager and management team were available for the staff to call on at any time if they needed advice or guidance.

Risks to people's safety and well-being were assessed and mitigated as much as possible. People's medicines were managed safely and staff were competent to safely administer medicines.

The home was clean. Staff had received infection control training and protective clothing including gloves and aprons were available to them.

Most people enjoyed the food provided for them and it was suitable to meet the diverse range of people living at the service.

People accessed healthcare services as needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives and other visitors were welcomed into the home at any time. There were some activities at the service and in the summer people used the garden regularly.

The registered manager kept themselves up to date with changes in legislation and practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sonesta Nursing Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector, a nurse specialist advisor 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.

Service and service type

Sonesta Care Home Limited is a 'care home'. People 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, nurses, nurse manager, care workers and the cook.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We looked at information related to building maintenance and fire safety, complaints, accidents and incidents and information related to training. We also checked audits carried out by the management team.

After the inspection

We continued to seek clarification from the provider to validate evidence found related to employment practices, and quality assurance records. We received further feedback after our inspection visit from a relative, a volunteer at the service and two health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- At the last inspection we found food was covered but not always labelled with a date to use by. We also found some food that was out of date. At this inspection all food was covered and labelled.
- Staff had received infection control training. The registered manager ensured personal protective equipment (PPE) was available for all staff. This included disposable gloves and aprons.
- The home was clean and fresh throughout with no malodours.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said people were safe and well protected from the potential risks of abuse and avoidable harm. One person said, "I feel very safe." Relatives told us, "Yes, the staff and nurses are very good. I've never heard them raise their voice to anybody here" and "I feel they are all very good to him."
- Staff received training about how to safeguard people from harm and were knowledgeable about the risks and potential signs of abuse. Staff told us they were confident to report concerns to senior management or externally to the local authority or CQC.

Assessing risk, safety monitoring and management

- People were supported and encouraged to be as independent as possible following a thorough risk assessment process which covered risks such as falls, eating and drinking, skin viability and personal care. Staff were knowledgeable about these risks and knew how to respond safely to support people.
- The staff team received fire awareness training and there were personal evacuation plans in place to guide staff in the support needed in the event of a fire.

Staffing and recruitment

- There was an established staff team and the home did not use agency staff. This meant people received their care and support from a team of staff who knew them well and understood their needs.
- Staff recruitment was safe with checks and references in place, so staff were considered safe to work with vulnerable people. The evidence for all the checks completed was not readily available on the day of the inspection. This is discussed further in the Well-Led section of the report.
- People received care and support in a timely manner throughout the inspection. The atmosphere in the home was calm and staff went about their duties in an organised manner. Most people told us there were enough staff to meet their needs quickly. Feedback included, "When the buzzer goes, they come straight to you" and another person told us there are "Plenty people" to look after them.
- Staff told us there were enough staff to meet people's needs and relatives confirmed this. One staff member told us, "It can be very busy in a care home, but I try to make as much time to talk to people. I do

not want anyone to feel ignored or alone. The registered manager carried out night time audits to check staffing levels at night were sufficient.

Using medicines safely

- Overall, medicines were managed consistently and safely in line with national guidance. Medicines were stored, managed and disposed of safely and people were provided with safe and appropriate levels of support to take their medicines as prescribed. Staff were trained and had their competencies checked by senior colleagues.
- We found protocols for 'as needed' (PRN) medicines did not provide detailed information to staff on when to give them. The service's medicines management had recently been audited by a pharmacist and this had not been identified as an issue. However, following the inspection the management team updated PRN protocols to provide more detail for staff.
- People confirmed they received their medicines as needed. One person told us, "I have hay fever. I call them and they give me [medicine]."

Learning lessons when things go wrong

- Accidents and incidents were recorded and the registered manager ensured that lessons were learned and shared across the team when an error occurred. Staff meeting minutes reflected learning discussions. The registered manager told us they would review the paperwork to collate evidence of learning in one place.
- The registered manager told us they would capture this information in a readily available format and by the time of writing this report told us the documentation had been amended.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people's admission to the service, their physical, mental and social needs were holistically assessed. Individual, person centred care plans were developed from these assessments, which supported staff to deliver people's care effectively and in line with legislation, standards and evidence-based guidance. Information on best practice guidance was available for staff to access as needed.
- Staff had knowledge of people's care and treatment needs and were skilled and confident in their practice.
- People told us they were satisfied with the care and support they received. Feedback included, "The staff here are very good," and "Yes they know what they are doing" and "They work very hard."
- A health professional told us "I have total trust and respect for the senior nurses in Sonesta, as their clinical judgement is of a very high quality. "
- Relatives praised the staff. We were told, "The staff here are wonderful, they really look after my partner, and everyone in my friends and family agree that he has a new lease of life. They know him well, and he is always clean and happy. He didn't use to talk much, but now he is actively talking and smiling."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received care and support from an experienced team of nurses and care staff to help them live as healthily as possible. People's health needs were closely monitored by staff and by external health professionals such as GP's, speech and language therapists and tissue viability nurses. People also had regular access to chiropractors.
- Staff worked in partnership with people, other professionals and continually developed their skills. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. A health and social care professional told us, "Staff have demonstrated that they are skilled in meeting their needs" and "The staff refer to the appropriate community core services and keep us informed of any changes to our client needs or health deterioration."
- Feedback from people included, "The GP walks round. I've been once to the hospital, with the ambulance. Someone from here comes [with you]. The opticians see me here. The dentist comes here, looks at my teeth."
- A person who had recently been admitted with several pressure areas, no longer had this condition. Staff were skilled and competent in supporting people with complex health conditions and the use of specialist equipment, such as providing nutrition through percutaneous endoscopic gastrostomy (PEG), which is a tube into a person's stomach through the abdominal wall. Processes were in place to ensure their safe use and hygiene were maintained.

Staff support: induction, training, skills and experience

- Newly employed staff members received induction training which covered all key areas including moving and handling, fire safety, safeguarding and infection control. They were allocated to shadow a more experienced staff member until they had been assessed as competent to work unsupervised.
- There was monthly training provided at the service and staff were expected to attend to keep up with refresher training. All training received was face to face .
- We saw staff competently and safely transferring people using a hoist in a calm and sensitive manner.
- Staff told us they felt supported by the registered manager and the management team. We saw staff had regular supervision and were asked about their understanding of specific areas of practice routinely. Staff told us they felt very well supported by the management team, who were visible and very hands on.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people said they enjoyed the food provided. There was a range of options for people including a menu specifically for people who enjoyed Asian menu choices. One person said, "The food is lovely. When I ask they bring a cup of tea and biscuits" another said, "It's good, I like it." Two other people told us the, "Food [is] alright" and "So, so."
- We found there was a limited range of food in the kitchen on the morning of the inspection as the shopping was being ordered that day. We discussed this with the registered manager who told us they shopped twice weekly to ensure food was fresh and frequently went to the local shop to top up as required.
 - Staff were knowledgeable about people's nutritional needs and supported them to eat a healthy balanced diet wherever possible. People's weights were reviewed regularly and suitable screening tools were used at the service to monitor people to ensure they were not at risk of malnutrition.
 - People who needed soft diets and thickener in drinks to ensure they could eat and drink safely had appropriate documentation in place to remind care and kitchen staff.
 - People were supported to eat their meals in an unrushed atmosphere. The registered manager told us they had pictorial menus but we did not see these used. The registered manager said they would ensure staff used them, particularly for people with memory problems.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had a system in place to monitor when DoLS re-assessments were due. We also saw mental capacity assessments were on records for the majority of areas where people's capacity was compromised. For example, for use of bed rails or the giving of medicines.
- However, there was no mental capacity assessment to confirm one person with capacity was knowingly refusing care in line with advice from the tissue viability nurse. Another person had a detailed end of life care plan in place and although care records stated he was confused there was no evidence he had been

assessed as unable to be involved in the decision making. This is elaborated on in the Well-Led section of the report.

- Staff had a good understanding of the need to obtain consent before providing care. One staff member said, "Even if people cannot understand what you are saying, you must still discuss any care with them and try and help them understand and gain consent."
- Staff had received training and demonstrated a good understanding of mental capacity and how to support people with impaired cognition.

Adapting service, design, decoration to meet people's needs

- The service has three floors accessible by a lift. The property has several sets of stairs and doors compartmentalising the building which can be difficult for people with dementia to navigate. However, most people used a wheelchair so were not moving independently around the building.
- Several of the staff were dementia specialist trained and we discussed how their skills could be used to review and improve signage throughout the home. The registered manager told us they were in the process of updating the décor and would consider how best to meet the needs of people with dementia.
- People's bedrooms were well appointed and personalised to their individual wishes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about the care provided. It was clear to see that people were comfortable with staff and management, and we saw there was a warmth and affection demonstrated between people and staff.
- People had areas in the lounge they routinely sat in and we saw their family photos were placed in specific areas so they could see them. This was a thoughtful action.
- People's relatives complimented the staff team for the care and support they provided. For example, one relative said, "We've been very happy here. They are very kind people. They like him" and a person's friend told us, "The staff are lovely up there to him."
- We saw compliments received from people's relatives and health professionals about the care and support provided at the service. One health and social care professional told us "The staff are some of the most kind and caring that I have ever met in my 20 years as a [professional]."
- Staff were from a range of diverse backgrounds and spoke a number of languages. This was of benefit to the people living at the service. One staff member told us, "It helps that staff here can speak the language of the people as some people forget English words."
- Staff were able to tell us how they supported people who had dietary requirements due to their religion or culture.
- Male staff did not provide personal care to women, although they supported staff in moving and handling of both men and women needing support.

Supporting people to express their views and be involved in making decisions about their care

- One person told us, "Yes, this is my home. I live here" and another person said, "I trust that they do the right thing for me."
- People, and their relatives where appropriate, were fully involved in the planning and reviews of care and support. Staff involved people as much as possible in regular reviews of their care plans.
- Throughout the day we saw staff asking people to make decisions and be involved in their daily life.
- Staff were able to tell us how they offered choice to people. Staff communicated with people in a respectful manner and spoke perceptively about how people liked to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff were proactive in protecting people's privacy and promoting their dignity. A relative told us, "They don't let them go to breakfast, to the meals, without being properly dressed. No nightgown."

- Staff provided personal care and support in a way that both respected and supported people's choices and preferences. They told us they knocked on doors and asked people for their permission before entering their rooms. A staff member told us "We treat people as individuals."
- Confidentiality was well maintained, and information held about people's health, support needs and medical histories was kept secure. Information was protected in line with General Data Protection Regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service had a strong, person centred culture and the ethos was that of an extended family. One staff said, "They are my family, and I treat them as such."
- People received personalised care and support that took account of their individual preferences and personal circumstances and staff were able to talk very confidently about each person's care needs. Each person had a plan of care that detailed the support they needed, however, we found some care plans needed updating on a more regular basis. For example, one person's mental health care plan had not been updated to show their declining cognition. This is discussed in the Well-Led section of the report.
- Care plans covered a range of needs including moving and handling, skin care, personal care, eating and drinking and nursing needs. Whilst there was a 'dignity' document which set out a person's background and who was important to them, care plans did not provide guidance on how to meet people's religious, cultural or sexual needs. This is discussed in the Well-Led section of the report.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The client group at the service had very complex physical and mental health needs. Most people were wheelchair users, with some remaining in bed all day. Other people had significant memory issues. This meant the range of activities people could be involved in was limited. There was some provision for people who remained in bed for most of the day.
- People told us, "I enjoy the activities" and "I love TV. I spend a lot of time here unless the weather is better. I go to the garden, lovely garden. I go for a walk with staff or family, whoever wants to." Another person said, "I do a bit of exercise, not a lot."
- We saw some activities taking place on the day of the inspection which included crafts and a game of bingo.
- People were supported to spend time with family and friends outside of the home.
- We discussed activities with the registered manager who told us they used the garden extensively in the summer and people most enjoyed musical events and singers as they could all enjoy this.
- Religious and cultural festivals were also celebrated and staff dressed in traditional costumes and shared foods.

Improving care quality in response to complaints or concerns

- We asked people if they knew how to make a complaint. They told us, "There's no complaints", "Happy with everything" and "None at all because they are all very polite, treat you well."
- The registered manager listened and learnt from people's experiences, in a positive and responsive way.

- Formal complaints had been managed in accordance with the provider's policies and procedures, but the registered manager told us they would record learning in a more co-ordinated way as records did not easily show us this.
- A health and social care professional told us, "The manager is very responsive when issues arise and is very approachable. [Manager] is knowledgeable of her clients." Another told us, the manager is "Very responsive, however, issues hardly ever appear to arise as the service appears to function relatively seamlessly."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People`s care plans detailed their communication needs including their first language. People were supported with communication and we had no concerns in this area.

End of life care and support

- People were supported to remain at the service when they neared end of life. Records showed that training had been provided for the staff team.
- People had been asked about their end of life care wishes, and we saw some people had 'Do Not Attempt Cardio Pulmonary Resuscitation' documents on care records. However, for some people they had been asked on admission their views, but this discussion had not been revisited. Therefore, we found some people's end of life care needs had not been reviewed since 2017. The registered manager told us they would review all end of life care plans as a priority. This is discussed further in the Well-Led section of the report.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Although leaders and the culture they created supported the delivery of high-quality, person-centred care, this was not always evidenced in records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We had no concerns regarding the person-centred care offered at the service to people with very complex medical, physical and mental health conditions. However, we found that records did not always reflect this good level of care. For example, not all care plans were regularly reviewed as detailed previously in the report.
- Numerous audits took place covering care plans, medicines and infection control, but the care planning audits had not identified the gaps in reviews. Also, the lack of mental capacity documentation in some areas had not been highlighted by the auditing process.
- Whilst we had no concerns regarding the recruitment of staff, decisions made regarding which references were pursued were not always clear and telephone discussions with referees had not always been recorded on recruitment files.
- In other ways the service was extremely well-led. The staff team were well trained and supported. The registered manager and nurse manager were clear about their expectations from staff and they achieved good outcomes for people. For example, people did not have pressure areas and we were told of people's health and well-being improving since admission to the service.
- The registered manager led and supported staff to provide the best care and support they could.
- A health and social care professional told us, "I would say the service is well led and managed. Clients have been well cared for and all staff are very professional and approachable." Another health professional told us "Sonesta is amongst one of the most well managed [services] and led that I deal with."
- There was a warm atmosphere within the service. It was clear that the registered manager and staff team were committed to providing care that was respectful and caring.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management and staff were open and transparent throughout the inspection process. It was clear that the ethos of openness and transparency was integral to every aspect of the home management.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives were invited to regular meetings in the home and people who lived at the service had

meetings to give their views. One person told us, "We speak the same language, Gujarati. I know her well."

- The registered manager was viewed well by people and their relatives. A relative told us, "Oh yes, she's very nice, she's fair."
- The service also asked for formal feedback by way of questionnaire from health and social care professionals as well as relatives and friends. All responses were very positive.
- We found strong and clear leadership of the staff. Staff told us they felt very well supported by the management team. Relationships were good between team members. One staff member said, "We are a great team, and we work together. It is hard work, but we all pull together."
- There was a clear vision of what the service wanted to achieve for the people who lived there.

Continuous learning and improving care; Working in partnership with others

- The management worked closely with health professionals, who were extremely complimentary about the care offered to people, and people's relatives to help ensure people lived as normal a life as possible.
- The service sent us an improvement plan following the inspection and could show many improvements had already taken place at the time of writing the report.
- The registered manager maintained their skills and knowledge and updated themselves about changes in legislation and practice.