

Newton Chinneck Limited

St George's Witham 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

St George's Nursing Home provides accommodation with nursing care and palliative care for up to 40 older people, some of whom may be living with dementia. On the day of our inspection there were 33 people using the service. At the last inspection, the service was rated good. At this inspection we found the service remained good.

The registered manager was present during our inspection. 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.

There were enough staff on shift to meet the needs of people who used the service. People were supported to have as much choice and control over their lives and were supported in the least restrictive way possible. Policies and systems in the service support this practice.

Staff understood how to keep people safe and could describe the correct steps they would take if they were concerned that abuse had taken place. Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service.

The registered manager and staff involved people to make decisions about the service they received and obtained people's feedback on how the service should be run. People told us that staff understood their needs and preferences well, and they received effective care and support from well-trained staff.

Staff had developed caring relationships with the people they supported. Family members told us there was a positive atmosphere and people were encouraged to take part in stimulating and meaningful activities.

Medicines were managed safely and staff members understood their responsibilities.

The registered manager undertook regular audits and improvements were carried out when these were needed. The quality of the service was monitored and assessed consistently. The registered manager gathered people's views and used this information to look at ways they could continuously improve the service.

People who used the service, family members, and visitors were encouraged to make comments, complaints, or compliments about the service.

Further information is in the detailed findings below.

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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 ●

This service remains good.

Is the service effective?

Good ●

This service remains good.

Is the service caring?

Good ●

This service remains good.

Is the service responsive?

Good ●

This service remains good.

Is the service well-led?

Good ●

This service remains good.

St George's Witham 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 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 2014.¹ This was a comprehensive inspection.

The inspection of St Georges Nursing took place on 27 April 2017 and was unannounced which meant that the provider did not know we were coming. The inspection was carried out by two inspectors.

Before the inspection we looked at previous inspection records and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. During our inspection we observed how staff interacted with people and we spent time observing the support and care provided to people which helped us understand their experiences. We observed care and support in various communal areas, during meal times and observed peoples activities.

As part of the inspection we spoke with the registered manager, the deputy manager, seven people who use the service, seven family members, and four members of staff and one person who volunteered at the service. We also approached commissioners to obtain their views of the service.

We inspected the care plans of five people and looked at information about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents, complaints, clinical governance, audits and policies and procedures.

Reviewing this information helped us to understand how the provider responded and acted on issues related to the care and welfare of people.

Is the service safe?

Our findings

People and their family members told us they thought the service was good and that they felt safe living at St Georges Nursing. One person said, "The [staff] come when I call. Yes I feel safe here." Another person told us, "Whenever I press my buzzer, they come quickly."

We found people were kept safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse, and had received the appropriate training. When one person was asked if they understood what abuse was, they said, "Yes, if someone was not very nice to me I would complain to the registered manager." A family member said, "The security here is very good."

Some staff told us that there were enough of them on shift to deliver safe care to people, but that at busy times they would benefit from having more staff to assist them in their tasks. One person said, "For me there is definitely enough staff." Another person said, "The staff work really hard but there are enough of them." Another person explained, "I think they could do with more but they do come when I need them."

The registered manager assessed how many staff were required and explained that the amount of staff needed could fluctuate due to the changing needs of the people they were caring for. On the day of the inspection we found there were enough staff on shift to meet people's needs safely.

There was a range of risk assessments in place that were an integral part of the care plans. Where a risk was identified through the assessment process a care plan was put in place that described the risk and the measures needed to reduce the risk and the care plan was updated. When a change was identified in a person's care needs, the risk assessment, and care plan was updated to reflect the change. Risk assessments included falls, skin integrity, choking, manual handling, diet and nutrition. One person's care plan had a moving and handling risk assessment with clear details about the specific equipment and method recommended by the physiotherapist.

Staff explained how they were involved with a project called promoting safer provision of care for elderly residents (PROSPER). This is a project was being led by Essex County Council and its partners and it aims to improve safety and reduce harm for vulnerable people who are at particular risk of admission to hospital or for those who have deterioration in their health and quality of life. The registered manager reviewed information about risk on a regular basis and looked at ways they could make improvements.

Accidents and incidents had been recorded. Each report recorded the details of the person who had the accident, where and when it had occurred. The registered manager used this information to establish if there were any changes and to look at ways they could improve outcomes for people.

We checked the systems that were in place to protect people in the event of an emergency. We found personal emergency evacuation plans (PEEPs) were in place for the people who used the service. Regular fire drills were carried out and fire alarms were regularly tested.

We looked at the way medicines were managed and found this to be safe. Medicines were safely stored in locked trolleys inside secure medication rooms and suitable arrangements were in place for obtaining, storing, administering, and disposing of medicines in a safe way. Staff nurses were supported to keep their training and knowledge up to date and regular assessments of their competency were carried out. Medication audits were completed and action taken when improvements were needed.

We inspected the way staff were recruited into the role and found this to be safe.

Is the service effective?

Our findings

People told us staff understood their needs and preferences well, and received effective care and support from well-trained staff. One person said, "The staff hoist me here; they really know what they are doing." Another person said, "They are all young but do a good job."

Staff told us when they started they were given an induction and had been given training in a wide ranges of mandatory and specialist subjects which helped them to be confident in their role. People were supported by staff that were trained and competent. The training manager told us about 'Training Tuesday' which was used every week to deliver training to staff.

People who lack 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 Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)." During the inspection we found this was being met. When people had moved in, they or their representative had given their consent to care and this information was retained within their care plan.

Staff told us they were supported with regular supervision and that the registered manager supported them emotionally as well as looking at the welfare of the people who lived in the service. One staff member said, "We discuss things all the time. They are really supportive. [Name's] door is always open. If someone passes away we always have a de-brief and they provide emotional support to us." We found staff had not received an annual appraisal in the last reporting year. The registered manager assured following the inspection these would be completed.

We inspected how people were supported when they were identified as being at risk of poor nutrition, and found this was effective. For example, people were routinely assessed against the risk of poor nutrition and this information was used to update risk assessments and make referrals to relevant health care professionals. When Speech and Language Therapists (SALT) were involved, guidance for staff was clearly recorded within the care plan with information about the correct texture of food and how the person should be supported to eat safely.

People told us they had enough to eat and drink and enjoyed the food on offer. One person said, "The food is very good, they come and ask you. I like the choices they offer." Another person said, "I have had a cooked breakfast every day this week." And another said, "The food is really nice; I only like a small portion."

Some people chose to eat their lunch in their own rooms and some people chose to eat in the main dining rooms. Tables were set with the required cutlery, condiments, and napkins. Lunchtime was cheerful and sociable and there was a relaxed atmosphere. People's meals were served plated and covered, and staff told people what was on the plate to confirm their choice.

Staff chatted with people and took time to ensure they were happy with their meal. People were offered choices, for example whether they wanted sauce with their meal. Staff sat next to people that required assistance to eat and supported them in an encouraging, sociable manner.

People and their family members told us health professionals were quickly involved if needed, and the involvement of health professionals were clearly recorded within people's care plans. One family member said, "[Name] was in a very confused state but since being here they are so much better, they take care of them really well."

Is the service caring?

Our findings

Everybody, except one person were complimentary about the standard of care and told us staff were kind and caring towards them. One person said, "The staff are very kind and they do most things." Another person told us, "The staff are wonderful. I love it here." Another person said, "The Nurses are lovely, this is probably the best home there is."

We saw staff talking to people in a polite and respectful manner and staff interacted with people. A relative told us, "I have been listening to how the staff talk to people for a year. I come in and they don't know that I listen to them. Let me tell you, the staff are all so kind and caring even when people are being really challenging."

People told us the staff gave them choice and control over their day to day lives. One person said, "I choose when I get up and if I wanted to get up they would do it, but I prefer to stay in bed sometimes." Another person said, "I have a bath but they know I like to do my hair myself."

We observed staff being gentle and considerate in their approach to people. They spoke quietly but clearly to some people who showed signs of distress or agitation, and were successful in calming or distracting them.

We observed people were well presented and looked comfortable with staff who were caring and friendly towards them. For example, after lunch, when carers were escorting people using walking frames from the dining room back to their rooms, they were doing this in a kindly manner and not rushing them. We saw that when staff carried out tasks for people they bent down as they talked to them, so they were at eye level.

We observed people being hoisted. The staff used the correct handling technique, and explained to people what they were doing as they assisted people. The staff had a calm approach and made sure people were comfortable when they were seated.

People told us staff treated them respectfully, and maintained their privacy. One person who was in a shared room told us, "If you want to be private you can."

Regular meetings were held with people who lived at the service, with notes of the meetings available for people who wanted them. People were encouraged and empowered to express their views and were consulted with to make sure their views were taken into account. For example, resident meetings were held to discuss, activities and menu options. Information about local advocacy services were on notice boards at various communal places, so that people were able to access this type of service if they required it. This type of service can be used when people want support and advice from someone other than staff, friends or family members.

People were supported to make advanced decisions around their care and treatment. For example, care plans contained information about people's views of where they would wish to be treated in the event of

their health deteriorating. Some people had made decisions with their family that they did not wish to be resuscitated in the event of cardiac arrest, and this had been clearly recorded on a Do Not Attempt Resuscitation form.

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in a wide range of activities that were important to them. People and their family members repeatedly told us they felt staff understood their individual needs and preferences, and provided care in a responsive and personal way. One person said, "They do try and give you the same care staff, but they all seem to know how you like to be treated. I never have to tell a different staff member in the morning what to do." One staff member explained, "We are trained that every person will require a different amount of time, some people need 45 minutes other need less. The main point is that everyone is different and we cater for that."

The home had an activity co-ordinator and opportunities were provided for people to engage with meaningful activities and social interests relevant to their individual needs and requirements. We saw on the day of our inspection a coffee morning run by volunteers. The volunteers had a comprehensive list of people's nutritional needs so they could support people with tea, coffee, and cake safely. There were five people at the coffee morning but staff brought other people in throughout. The room overlooked the garden and one person told us they enjoyed the gardening club. "I have always enjoyed gardening, not the heavy stuff but I like to pull the odd weed out." They told us a new greenhouse had just been purchased.

Family members told us they were able to visit at any time and were always made to feel welcome. We observed that visitors were greeted warmly by staff or the registered manager. "My daughter visits, I think visitors can come when they want." Another family member said, "I am made to feel very welcome and never have to ask for a cup of tea."

People were supported to follow their personal interests or hobbies. One family member said, "[Name] loves the activities here. The person who does it is brilliant." We saw that people enjoyed doing a wide range of activities from baking, gardening, arts and crafts, days out, make up, and manicures.

Following the inspection, the registered manager told us that they had a kitchen area which enabled people to make jams and chutneys which was later sold at the summer fete. They also explained about a time when they had obtained newspapers from the person's country of origin.

Some people who had lost loved one's continued to volunteer at the service, and helped to run weekly coffee morning. One of the volunteers told us, "[Name] was here, and what they did for [person] and me and my family is mind blowing. They really helped us through a very difficult time."

Staff understood people's care needs and the things that were important to them in their lives, for example members of their family, key events, and their individual preferences. People had their needs assessed before they moved in, with a care plan which was developed detailing the care needs and support, actions and responsibilities of staff. The care plans gave staff specific information about how the person's care needs were to be met, and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted.

People had a welcome pack in their room that included information about how to make a complaint. When a complaint had been made these were recorded and thoroughly investigated. We noted the service had received a number of compliments. One compliment said, "[Name] was only with you for a short time but in that time you were so caring." People we spoke with knew how to make a complaint but said did not have reason to do so.

Is the service well-led?

Our findings

At the time of our inspection, people we spoke with and their family members were complimentary about the registered manager and the way they led the service. One family member said, "They do incredibly well and the best they can."

There was a positive culture in the home and staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service. People and staff described the management of the service as approachable. One person said, "Communication has been good." Another described the registered manager as, "Very helpful, a very nice person."

Staff told us the manager led the service well and offered positive support. One staff member told us, "Issues are addressed really quickly, and I feel supported. They deal with things really well here."

The registered manager understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. We saw the service had a well-defined management structure that provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service and staff told us they felt included and consulted.

Staff understood the values of the service and told us they were; supporting and looking after each individual as a person, meeting people's needs, and making people feel safe.

The registered manager and staff involved people to obtain their feedback. People told us they gave their feedback in a number of ways, through meetings, surveys and by telling the staff. People told us their meetings were information and friendly, and that they were able to speak about any issues they may have.

Feedback had been sought about the service through an annual questionnaire which had been completed by people, visitors, staff, and health professionals. Family members were complimentary about the registered manager and described them as being approachable.

We looked at information related to the running of the service and found that the provider had systems in place which continually reviewed the quality of the service. Audits were in place and data about the service people received was continually monitored to look at ways of improving the quality of the care people received.

The registered manager had an emphasis on continuous improvement, and reviewed themes and trends, to look at ways they could change the service so it could continually be improved. Improvement was integral to the running of the service and there was a shared understanding between the management and the staff about what areas of the service needed to be improved. For example, every staff member we spoke with could explain what they were doing to reduce falls, reduce pressure ulcers and urinary tract infections. Additional training sessions had been delivered to staff to enable everyone in the home to be clear about the changes they wanted to make.

We noted that some people's records were not always locked away securely. We recommend that the registered manager should review the security of people's information and include this as part of the quality assurance system and auditing process.

The service had strong links with the local community and people were supported to access the community when they wanted. For example, one person went out regularly to the local pub and local restaurants and another person was supported by staff to go out for a walk at a certain time each day. Without this support they would not be able to enjoy this important aspect of their life.