

Karuna Care Limited

St Aubyns Nursing Home

Inspection report

35 Priestlands Park Road
Sidcup
Kent
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Tel: 02083004285

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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

This inspection took place on 18 July 2017 and was unannounced. St Aubyns Nursing Home provides nursing care for up to 39 older people. Some people using the service may be living with dementia or may have a physical disability. At the time of our inspection the home was providing accommodation care and support to 33 people.

The home did not have 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 2008 and associated Regulations about how the service is run. The current manager had managed the home since November 2016. At the time of this inspection they were in the process of applying to the CQC to become the registered manager for the home.

At our last inspection of the home, 8 June 2016 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that people were not always supported to engage in meaningful activities that reflected their interests and supported their well-being. We also found that improvement was required because staff were not always deployed effectively at the home to meet people's preferred support times. During this inspection we found improvements had been made and that people were being provided with a range of activities and appropriate numbers of staff were deployed throughout the home that effectively met people's needs.

There were safeguarding adults and whistle-blowing procedures in place and staff had a clear understanding of these procedures. Procedures were in place to support people where risks to their health and care needs had been identified. There were safe staff recruitment practices in place. Medicines were managed, administered and stored safely.

The manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service and regular supervision. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them.

People's privacy was respected. People using the service and their relatives, where appropriate, had been consulted about their care and support needs. People received appropriate end of life care and support when required. Care plans and risk assessments provided guidance for staff on how to support people with their needs. People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received. The provider took into account the views of people using the service through a residents

forum and annual satisfaction surveys. The provider carried out unannounced visits to the home to make sure people were receiving appropriate care and support. Staff said they enjoyed working at the home and they received good support from the manager, the deputy manager and the provider.

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 ●

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

There were safeguarding adults and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Procedures were in place to support people where risks to their health and care needs had been identified.

Medicines were managed, administered and stored safely.

Is the service effective?

Good ●

The manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service and regular supervision.

People's care files included assessments relating to their dietary support needs.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

People's privacy was respected.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

People received appropriate end of life care and support when required.

People were provided with appropriate information about the home.

Is the service responsive?

Good ●

There was a range of appropriate activities available for people to enjoy.

Care plans and risk assessments provided guidance for staff on how to support people with their needs.

People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The home did not have a registered manager in post. The current manager had managed the home since November 2016. At the time of this inspection they were in the process of applying to the CQC to become the registered manager for the home.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received.

The provider took into account the views of people using the service through a residents' forum and annual satisfaction surveys.

The provider carried out unannounced visits to the home to make sure people received appropriate care and support.

Staff said they enjoyed working at the home and they received good support from the manager, the deputy manager and the provider.

St Aubyns 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information we held about the service including notifications they had sent us and the provider. We also received feedback from the local authority that commissions services from the provider. We used this information to help inform our inspection planning.

This inspection was carried out on the 18 July 2017. The inspection was unannounced and carried out by one inspector. We spoke with four people who used the service and five visiting relatives. We spent time observing the care and support being provided. We looked at records, including six people's care records, staff recruitment and training records and records relating to the management of the home. We also spoke with six members of staff, the manager and the provider.

Is the service safe?

Our findings

People and their relatives told us they felt safe and that staff treated them well. One person said, "There is nothing that I need to worry about. I feel safe living here." A relative said, "There are plenty of staff around so I think my loved one is safe."

At our last inspection of the home, 8 June 2016 we found that improvement was required because staff were not always deployed effectively at the home in order to meet people's preferred support times, particularly in the mornings.

At this inspection we observed a good staff presence throughout the day. The manager told us that an additional member of staff had been added to the morning shift following the last inspection. They showed us a rota and told us that staffing levels were arranged according to the needs of people using the service. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. People using the service, relatives and staff we spoke with told us there was always enough staff on duty to meet people's care and support needs. One person using the service said, "There is always plenty of staff around to help us everyday and during the night." A relative said, "There are plenty of staff on duty when I come here." Another relative told us, "I have no concerns about staffing levels. There are plenty staff. They are hardworking and always busy. It's the same staffing levels at weekends." A member of staff told us, "There have been improvements in staff numbers since the manager came here. There are more of us on shift during the busy period in the mornings. It's much better now. We even have time now to sit down and talk to the residents."

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of six members of staff and found completed application forms that included their full employment history, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. The manager told us that they monitored each nurse's NMC registration to make sure they were able to practice as nurses. We saw that checks were carried out to make sure nurses were registered with the Nursing and Midwifery Council (NMC).

The home had policies and procedures for safeguarding adults from abuse and whistle-blowing. Staff we spoke with demonstrated a clear understanding of how to safeguard people and the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the nurse in charge or the manager. The manager told us they were the safeguarding lead for the home and they were aware of the action to take when making a safeguarding referral if required. Training records confirmed that all staff had received training on safeguarding adults from abuse. One member of staff told us, "If someone living here was being abused I would report it to the nurse or registered manager. If nothing was done about it I would tell the provider and the local authority safeguarding team." Staff said they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

Action had been taken to support people where possible risks to them had been identified. People's care files included risk assessments for example on falls, moving and positioning, nutritional needs and skin integrity. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. For example where people had been assessed at risk of falling we saw people's care plans recorded the support they needed from staff to ensure safe moving and handling. We saw that, where required, call bells had been placed within people's reach. We observed that staff responded quickly when call bells were activated. People also had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. These were being reviewed at the time of the inspection by the manager to include the actions to be taken if there was an emergency at night time.

There were safe systems in place for storing, administering medicines and for monitoring controlled drugs. Medicines were stored securely in a locked trolley in a locked room. We spoke to a nurse about how medicines were managed at the home. They told us that only trained nurses administered medicines to people using the service. We saw records that confirmed medicines competency assessments had been completed by nurses before they could administer medicines. We observed the nurse administering medicines to people safely in a caring and unrushed manner. The nurse showed us a medicines folder. This included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. As required medicines (PRN) were recorded on MAR's and signed for by staff when administered. There was individual guidance in place for staff on when to offer people PRN medicines. We saw a controlled drugs record book. This had been signed by two nurses each time a controlled medicine had been administered to people in line with current guidance. Regular checks of controlled drugs were in place and were documented in the controlled drugs record book. Monthly audits of MAR's were completed to monitor and reduce the likelihood of any risk in relation to people's medicines.

Is the service effective?

Our findings

People using the service and their relatives told us the service was effective. One person said, "The staff are very good and they know what they are doing." A relative told us, "My loved gets all the help they need and they are well looked after."

Staff told us they had completed an induction when they started work to help them understand their roles and they were up to date with the provider's mandatory training. They also shadowed experienced staff as part of their induction. One member of staff said shadowing experienced staff had helped them to understand people's care and support needs and get to know how things were done at the home. They said they were currently completing the care certificate as part of their induction. The manager told us that new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new health and social care workers.

We looked at staff training records which confirmed that staff had completed an induction when they started work. This included training the provider considered mandatory and training relevant to the needs of people using the service. Training the provider considered mandatory included infection control, safeguarding adults, food hygiene, fire safety, health and safety, moving and handling and basic life support. Staff also received training relevant to the needs of people using the service for example the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), dementia awareness and end of life care. Nursing staff had received training in the safe administration of medicines, pressure area care, wound care and enteral feeding.

Staff told us they received regular supervision, an annual appraisal and they were well supported by the manager, the deputy manager and the provider. One member of staff said, "I get regular supervision with the manager. I can tell them what I think I need help with and they will support me or provide with any training I need. I think all the staff are well supported by the managers' and the providers' here." Records seen confirmed that staff were receiving regular supervision and an annual appraisal where appropriate.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager demonstrated a good understanding of the MCA and DoLS. They said that some people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where the manager had concerns regarding a person's

ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications had been made to the local authority to deprive people of their liberty. Where these had been authorised we saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

People's care plans included assessments relating to their dietary requirements, food likes and dislikes, food allergies and their care and support needs. We saw risk assessments had been completed for malnutrition and there was guidance for staff to follow for supporting people who had difficulty swallowing. Pre prepared meals were supplied by an external company and heated up at the home. Menu planners listed each person's dietary needs for example, a requirement for a soft or fortified diet and size of portion. Staff served meals to people according to their dietary requirements and choices.

We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some ate independently. The atmosphere in the dining room was relaxed and not rushed and there were plenty of staff to assist people when required. Some people preferred to eat their meals in their rooms. We saw that they received hot meals and drinks in a timely manner. People were also provided with drinks and fresh fruit and snacks throughout the day and these were available in the lounge. One person using the service told us, "We are well fed and looked after. I really like the sausage and mash and the mince and onions. The food is excellent." Another person said, "The food is lovely and I get what I need." A relative commented, "My loved one is always telling me the food is lovely and they can have something different if they don't like what's on offer that day."

People had access to a GP and other healthcare professionals when needed. Where there were concerns people were referred to appropriate health professionals. The manager told us a GP visited the home each week or when required to attend to people's needs. One person using the service told us, "If I need to see the doctor I see them when they here. If I need to see anyone else I tell the staff and they make sure I do." A relative said, "I am very confident that they will look after my loved one. When they were poorly the staff acted quickly and got them to the hospital so that they got the right care. They contacted us to tell us what had happened and kept us updated." We saw records from the GP and healthcare professional's visits recorded in the care records we looked at.

Is the service caring?

Our findings

People told us staff were kind and caring. One person using the service said, "I like being here, I love the staff, they are very kind." Another person commented, "I think this is a marvellous place, anyone who comes here would be very happy. The home is lovely and clean and the staff are very caring." A relative told us, "Whenever I come here I see that people are treated with respect. The staff are nice and very attentive to my relative and all of the other people living here." Another relative said, "I love this place, my loved one is very well looked after. I get two buses and walk from the High Street to get here but I wouldn't want my loved one to be anywhere else. I am always made to feel welcome by the staff, the managers and the providers. When my husband passed away recently the support I received from the home was wonderful. They sent flowers and a representative to the funeral. I feel they look after the residents families too." A member of staff told us, "I like working here. There is a family atmosphere. I offer residents all of my love when I care for them. I think the whole team are caring."

People told us they had been consulted about their care and support needs. One person using the service said, "The staff asked me what I needed when I came here. They always make sure I am alright with what they are doing." A relative told us, "The home carried out an assessment at the hospital for my loved one before they moved into the home. They asked me for my thoughts on the care they needed. I see my loved one nearly every day so I am kept up to date with everything." Another relative said, "When my loved one moved in we discussed their care needs with the staff. My sister attends regular meetings with staff when they are reviewing my loved one's care needs."

People told us they were provided with appropriate information about the home in the form of a 'Statement of purpose'. This included the complaints procedure and the services the home provided and ensured people were aware of the standard of care they should expect. The provider told us this was given to people and their relatives when they moved into the home to help them understand how the aspects of the home worked.

People's cultural, religious and diverse needs were met. A member of staff said that people using the service were supported where they wished to follow their faith, for example members from a local Church regularly visited the home to offer a service to people. Where people from different cultural backgrounds had a preference for specific foods this was arranged with the external company that supplied people's meals to the home. This member of staff told us, "I support people no matter what their belief, faith, culture or sexuality is. Everyone is different and I always try to make sure their diverse needs are met. As a team I think we do this well."

People using the service told us their privacy and dignity was respected. One person said, "The staff don't just walk into my room, they knock on my door and ask if they can come in. They always treat me with respect and dignity." A relative told us, "I am always made to feel welcome when I come here. I see that my loved one and everyone that lives here is treated with dignity and respect. I feel like I am part of a big family." A member of staff told us they maintained people's dignity and privacy when offering personal care by drawing curtains and shutting doors. If other staff or relatives knocked on the door they would ask them to wait until they had finished personal care and advise them when it was alright to enter the person's room.

They said they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could by themselves. They also told us they made sure that personal information about people was locked away at all times.

People received appropriate end of life care and support. The manager told us the home worked closely with a local hospice in providing end of life care to people at the home. Staff told us they received training on end of life care at a local hospice and training had also provided to them by the palliative care team at the home. One member of staff told us, "The training on end of life care has helped me to understand people's needs and respect their wishes. I have gained confidence in dealing with people and their family members during this difficult period."

Is the service responsive?

Our findings

People told us the service met their individual care and support needs. One person told us, "The main thing about this place is they really know how to look after you." Another person said, "I am quite content and comfortable here." A relative told us, "I think my loved one is well looked after. The staff care for people the right way, they pick up on everything and miss nothing. They have got the balance just right here."

At our last inspection of the home, on the 8 June 2016 we found a breach of regulation as people were not always supported to engage in meaningful activities that reflected their interests or supported their well-being. We asked the provider to make improvements to the activities provided at the home to support people's needs in this area better.

At this inspection on 18 July 2017 we found improvements had been made and that people were being provided with a range of appropriate activities to suit their needs. One person said, "I like the activities, there is enough things for me to do. I like the music, playing bingo and reading." Another person told us, "We had a singer in yesterday and he was very good. I am happy with the things they do but I don't want to do all of them." A third person commented, "There are activities now, there was a very good entertainer here yesterday. I am going out to the library tomorrow with some other people from the home. I think the activities could improve a bit more. In my role as the Chairman of the residents association I have been talking to the providers about other things we can do." A relative told us, "There is always plenty going on for people here. I see people getting their nails done, pampering sessions and people getting involved in games. I think there is enough to keep people occupied." A member of staff said, "There has been a big improvement in activities at the home since the manager came to the home. There is a lot more things for people to do and the staff are much more involved in delivering activities."

The home had an activities coordinator. They showed us activities information displayed on a notice board in the lounge. Activities included quizzes, bingo, balloon activities, pampering sessions, reading the daily newspapers, trips out to the library or other places of interest, watching movies, a visiting hairdresser and visiting entertainers. The activities coordinator told us they also provided activities to people who liked to stay in their rooms. They said they played music, offered pampering sessions and read books or the daily papers. They said that some people just enjoyed the company and a chat.

Assessments were undertaken to identify people's health and care needs when they moved into the home. Care plans and risk assessments were developed using the assessment information. Care plans included detailed information and guidance for staff on how people's needs should be met. They described the support people required from staff with their personal and nursing care needs. The care files also included personal profiles that included people's hobbies and interests, information about their daily routines and how they liked to spend their days, capacity assessments and, where appropriate, Deprivation of Liberty Safeguards authorisations and associated records. We saw that people's care plans and risk assessments were reviewed regularly and reflected any changes in people's needs. A nurse told us they reviewed people's care plans every month or when their needs changed. If someone developed a pressure sore they said they would put a new care plan in place.

People said they knew about the home's complaints procedure and they would tell the manager or provider if they had any concerns. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. Copies of the complaints procedure were displayed throughout the home for easy reference. We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

People told us the manager and provider were always around, they were friendly and approachable. One person said, "The managers are always around if I need to talk to them. The owners come and chat to everyone. I like them they are nice people." A relative told us, "The manager and providers are very good. The home is well run and organised, staff are well deployed around the home and nothing gets missed. The nursing care is very good too." Another relative said, "The manager is always about. The providers are very good too. The home is well run." A third person said, "I like the owners, they are very caring. It's a good home."

The home did not have a registered manager in post at the time of this inspection. The previous registered manager left the home in July 2016. The current manager had managed the home since November 2016. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. The manager demonstrated good knowledge of people's needs and the needs of the staffing team. At the time of this inspection they were in the process of applying to the CQC to become the registered manager for the home.

Staff spoke positively about the leadership provided by the manager and the providers. They said there was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. One member of staff told us, "I get good support from the manager, the deputy manager and the providers. The manager has really improved how things are done since she came here, especially activities and staffing levels. The providers come here to meet with the residents and staff. I can talk to any of them if I have any problems." Another member of staff said, "The manager and the providers are always trying to improve the service. If I have any problems I can discuss them and I feel that I am listened to."

There was a range of quality assurance systems in place to monitor the quality and safety of the service. We saw records from medicines, infection control, health and safety and care file audits. Regular checks were carried out by external engineers on equipment such as the fire alarm system, electrical appliances, gas safety and slings and hoists. Annual quality monitoring audits were conducted by the provider and where shortfalls had been identified action plans were in place to address the shortfalls. For example, in the 2017 audit, the provider had identified that the homely remedies procedures needed to be reviewed. We saw that this had been reviewed in June 2017. We also saw reports from unannounced night time visits carried out at the home by the provider in May 2016 and January 2017. The provider told us they carried out these unannounced checks to make sure people received appropriate care and support at all times. During the May 2016 visit the provider carried out a night time fire drill. They noted that a staff member's coat was obstructing a fire door. They took action by reminding staff about the home's fire safety instructions and informed them about upcoming fire safety training.

The provider took account of the views of people using the service through a residents' forum and through surveys that were conducted on an annual basis. The Chairman of the residents association told us they

sought other residents' views about the home and presented these at the monthly residents' forum meetings. They said the providers were very good, they took action when people made requests when it was reasonable and appropriate. For example the provider had installed a new shower room and replaced flooring around the home after they had discussed it at the residents' forum. They also said they had been liaising with the providers about new activities such as massage therapy. The provider confirmed with us that they planned to provide this activity to people using the service. We saw that feedback from the residents survey conducted in 2017 was positive. The provider had analysed the feedback and developed an action plan. Actions included arranging trips out of the home and reminding people using the service where they could access a copy of the last CQC inspection report.