

Blakeshields Limited

St Margarets Nursing Home

Inspection report

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08 February 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of St Margarets Nursing Home on 8 February 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our December 2017 comprehensive inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and is the service safe? This is because the service was not meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The service was rated as Requires Improvement at the last inspection. Identified safety concerns included very hot water running from the taps in people's ensuite bathrooms and communally used toilets, posing a scalding risk to people using the hot water. One person's bedroom door closed shut very quickly and heavily posing a risk of injury to the person using this room. We also identified a number of fire doors to people's bedrooms that were propped open with door wedges. This placed people at risk in the event of a fire near to their bedroom. We advised the service to fit devices to the fire doors which allow the doors to be held open when needed but close when the fire alarm sounds. In December 2017 we identified infection control issues including overflowing bins and inappropriate storage of people's slings, which were being routinely stored with staff coats. As a result of ongoing concerns enforcement action was taken.

Following the last inspection the service sent us an action plan stating what action it was taking to meet the requirements of the regulations. This inspection visit was planned to check on the action the service had taken to meet the requirements of the regulations.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Margarets is a care home which offers care and support for up to 28 predominantly older people. At the time of the inspection there were 26 people living at the service. Some of these people were living with dementia. The service uses a detached house over two floors with a passenger lift for people to access the upper floor.

At this inspection we found maintenance work had been carried out to ensure the hot water system was safe to use and did not exceed recommended temperatures for a domestic hot water supply. We checked all hot water supplies and found these were not excessively hot. Daily temperature checks were carried out to ensure the system was consistent. There was also a monthly audit of maintenance check of the hot water system. People told us they had not experienced any recent issues with the temperature of water at the service.

The service had taken actions regarding concerns about the maintenance and use of fire doors. A fire door previously identified as having a faulty closure device had been fixed. We saw the door was now held open

by a device connected to the fire alarm system which automatically closed in the event of a fire. All other fire doors were working effectively and none were being wedged open by furniture as had been previously identified. Appropriate signage and safety procedures were in place for a person who used oxygen in their room. The premises, equipment and services were regularly checked and maintained by a maintenance person or other competent people.

At the last inspection in December 2017 staff told us there were insufficient numbers of appropriate sized moving and handling slings for all the people who needed them at St Margarets. No-one was sharing slings at this inspection as the service had purchased new slings to accommodate people's individual size requirements. Previous concerns about cross infection due to slings being stored beside staff coats had been addressed by the service. We saw that slings were being stored appropriately away from shared areas.

Infection control concerns highlighted at the inspection in December 2017 regarding overflowing bins had been addressed. The service had purchased additional bins to dispose of food waste and aprons and gloves used by staff separately. Sluice rooms were kept locked when not in use. This meant people were protected from accessing hazardous substances stored in these rooms.

At the last inspection we found safe recruitment checks had not been carried out for one staff member. We reviewed recruitment practices at the service. The registered manager was in the process of recording Disclosure and Barring (DBS) check numbers for all staff employed at the service. In undertaking this process it had come to light that there was not a current DBS number recorded for one staff member. The registered manager told us this was an administrative error as the staff member had worked for St. Margarets for a considerable time. A new application for an updated DBS check was made to ensure all staff had appropriate checks and were safe to work with vulnerable people.

There were systems in place for the management and administration of medicines. People had received their medicine as prescribed. Regular medicines audits were being carried out on specific areas of medicines administration and these were effectively identifying if any error occurred such as gaps in medicine administration records (MAR).

We walked around the service which was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes. People were treated with kindness and compassion. People clearly had good relationships with staff who supported them.

Staff were supported by a system of induction training, supervision and appraisals. People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates provided. The manager had a record which provided them with an overview of staff training needs.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had no staff vacancies at the time of this inspection.

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. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. People received their medicines as prescribed.

Infection control policy and procedures had been improved regarding the storage of people's slings and in the provision of adequate waste disposal systems.

Recruitment systems had been improved. All new staff underwent appropriate pre-employment checks. Administrative recording of all staff pre-employment checks was in the process of being streamlined.

Requires Improvement ●

Is the service well-led?

The service was well led. The registered manager had ensured consistent governance checks were made. Systems to monitor the quality of the service were being used and monitored to address any identified concerns.

Maintenance checks were robust. People were asked for their views on the service.

Staff were supported by the management team.

Requires Improvement ●

St Margarets 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 was planned to check 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 8 February 2018. The inspection was carried out by one adult social care inspector.

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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the provider's action plan provided following the last inspection.

We spoke with six people living at the service. Not everyone we met who was living at St Margarets was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with six staff. We also spoke with an external healthcare professional.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for three people living at the service, medicine records for 26 people, twelve staff files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in December 2017 we had identified safety concerns included very hot water running from the taps in people's ensuite bathrooms and communally used toilets, posing a scalding risk to people using the hot water. One person's bedroom door closed shut very quickly and heavily posing a risk of injury to the person using this room. We also identified a number of fire doors to people's bedrooms that were propped open with door wedges. This placed people at risk in the event of a fire near to their bedroom. We advised the service to fit devices to the fire doors which allow the doors to be held open when needed but close when the fire alarm sounds. We identified infection control issues including overflowing bins and inappropriate storage of people's slings, which were being routinely stored with staff coats. As a result of ongoing concerns enforcement action was taken.

At this inspection we found maintenance work had been carried out to ensure the hot water system was safe to use and did not exceed recommended temperatures for a domestic hot water supply. We checked all hot water supplies and found these were not excessively hot. Daily temperature checks were carried out to ensure the system was consistent. There was also a monthly audit of maintenance check of the hot water system. People told us they had not experienced any recent issues with the temperature of water at the service.

The service had taken actions regarding concerns about the maintenance and use of fire doors. A fire door previously identified as having a faulty closure device had been fixed. We saw the door was now held open by a device connected to the fire alarm system which automatically closed in the event of a fire. All other fire doors were working effectively and none were being wedged open by furniture as had been previously identified. Appropriate signage and safety procedures were in place for a person who used oxygen in their room. The premises, equipment and services were regularly checked and maintained by a maintenance person or other competent people.

Concerns identified at the last inspection in December 2017 about insufficient numbers of appropriate sized moving and handling slings for all the people who needed them had been addressed. We saw invoices for an order of additional moving and handling slings. No-one was sharing slings at this inspection as the service had purchased new slings to accommodate people's individual size requirements. Previous concerns about cross infection due to slings being stored beside staff coats had been addressed by the service. We saw that slings were being stored appropriately away from shared areas.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Infection control concerns highlighted at the inspection in December 2017 regarding overflowing bins had been addressed. The service had purchased additional bins to dispose of food waste and aprons and gloves

used by staff separately. Sluice rooms were kept locked when not in use. This meant people were protected from accessing hazardous substances stored in these rooms.

At the last inspection we found safe recruitment checks had not been carried out for one staff member. We reviewed recruitment practices at the service. The registered manager was in the process of recording Disclosure and Barring (DBS) check numbers for all staff employed at the service. In undertaking this process it had come to light that there were not current DBS numbers recorded for one staff member. The registered manager told us this was an administrative error as the staff member had worked for St. Margarets for a considerable time. A new application for an updated DBS check was made to ensure all staff had appropriate checks and were safe to work with vulnerable people.

The service held an appropriate medicines management policy. There were medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of when the item would no longer be safe to use. The service was holding medicines that required stricter controls. The records held tallied with the stock held at the service. Records of people's medicines went with them when they went to hospital.

St Margarets were storing medicines that required cold storage and there was a medicine refrigerator at the service for this purpose. There were records that showed medicine refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured.

Where people required their medicines crushed before administration the GP had given written and signed agreement for this to be done.

The service had suitable ordering, storage and disposal arrangements for medicines. Regular internal and external audits helped ensure the medicines management was safe and effective. Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine might be indicated and if it had been effective.

Staff training records showed nursing staff that supported people with medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken.

Equipment used in the service such as moving and handling aids and passenger lifts, were regularly checked and serviced by professionals to ensure they were always safe to use. The necessary safety checks and tests had been completed by appropriately skilled external contractors.

All the people we spoke with told us they felt safe living at St Margarets. Comments included, "The staff are very kind. They are always checking how I am so I do feel safe" and "I've never had any reason to feel unsafe here." An external medical professional told us they felt people received safe and appropriate care telling us, "If I had a relative looking for care of this type I wouldn't have an issue with them coming here."

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Safeguarding was regularly discussed at staff meetings. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults and were aware that the local authority were the lead

organisation for investigating safeguarding concerns in the county. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. This provided information to people, their visitors and staff on how to report any concerns they may have. People were asked for their views about if they felt safe at the service. If people were involved in safeguarding enquires or investigations they would be offered an advocate if appropriate or required.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the management said they investigated these issue to help ensure people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity; this was in the process of being introduced to the staff so that they were aware of this legislation. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

The management understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns management would listen and take suitable action. If the service had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was felt to be appropriate. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. Assessments also helped determine what equipment was required and how many staff were needed to support a person safely.

Care records were stored securely but accessible to staff and visiting professionals when required. They were accurate, complete, legible and contained details of people's current needs and wishes.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their contact sheet and medicine records was sent with them. The service did not routinely send copies of care plans to the hospital when admissions were unplanned as there was not time to prepare these. However, when admissions were planned the service ensured the hospital was provided with the necessary information.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The Food Standards Agency awarded the service a four star rating. Actions required had been completed and the service were awaiting a further inspection from this agency.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff that were familiar with the emergency procedure at

the service.

People's needs were reviewed regularly and this informed dependency scores for each person. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were four care staff, a senior and a nurse on duty supported by a member of the management team on each shift. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the management was very supportive.

The management was open and transparent. We were told management was always available for people, relatives, staff and healthcare professionals to approach them at any time. The management understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns the management team would listen and take appropriate action. The manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and would submit safeguarding referrals if it was felt to be appropriate.

Is the service well-led?

Our findings

People told us they thought the service they received was good. Comments included, "I'm happy here. I am well looked after" and "The staff are very caring. I see the manager all the time, she's always willing to sort out any issues." People told us they would recommend the service.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a registered manager in place. 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 registered manager worked closely with the senior management team to share information about its operations and performance.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services operational procedures including, infection control, environment, security of the building and menus. In addition there were continuous checks made on staffing levels and medicines to ensure they were safe. The culture of the service was open, caring and focused on people's individual needs.

Concerns we had following the last inspection in December 2017 about premises checks and maintenance issues had been addressed. For example, we had concerns about fire doors and hot water temperatures. At this inspection we found these issues had been rectified. Comprehensive audits were now being carried out to ensure the safety of the premises including daily water temperature checks. Regular audits were also carried out to check maintenance of the service and infection control measures were regularly checked. Action taken had included ensuring staff now had lockable storage available to them in a dedicated staff room so that staff would hand their coats and personal belongings away from people's slings. Additional bins had been purchased to separate and dispose of food waste and aprons and gloves used by staff.

At the last inspection we found safe recruitment checks had not been carried out for one staff member. We reviewed recruitment practices at the service. The registered manager was in the process of recording Disclosure and Barring (DBS) check numbers for all staff employed at the service. In undertaking this process it had come to light that there was not a current DBS number recorded for one staff member. The registered manager told us this was an administrative error as the staff members had worked for St. Margarets for a considerable time. A new application for an updated DBS check was made to ensure all staff had appropriate checks and were safe to work with vulnerable people.

Staff morale was good. Information was shared through the registered manager and one to one discussions and regular meetings. Staff said they felt supported by colleagues and the registered manager. A staff member said, "I've been here a long time. We have quite a low staff turn-over. We have a strong team and everyone is supportive of each other." Staff were observed to be positive and the atmosphere at the service was warm and supportive.

People and their relatives had recently been given a survey to ask for their views on the service provided at St Margarets. People responded by saying they felt the staff were skilled, communicated well, and responded to their wishes. Relatives were welcome to visit at any time. Feedback provided by relatives demonstrated they were generally happy with the service provided.

People's views about the service were regularly sought. The service had taken action in response to people's dissatisfaction with the range and availability of activities available to them. We spoke with the activities co-ordinator who shared with us some of the activities people had been involved with since the last inspection. These included musical entertainers coming into the service regular, bus trips to explore the Cornish coast and plans to bring some tame llamas into St. Margarets as animal therapy. We heard this had been used in a sister service and had been very much enjoyed by people. One person told us, "We had probably one of the very best musical entertainers in her yesterday. Everyone enjoyed it and I even had a dance!". Staff had created a large and colourful activities notice board in the dining room which highlighted the range of activities that were planned and when these would be taking place.

There were systems in place to support all staff. Staff meetings took place regularly. There were an opportunities to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Staff were supported by a system of induction training, supervision and appraisals. People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates provided. The manager had a record which provided them with an overview of staff training needs.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed. The registered manager had raised issues relating to CQC inspections with staff. Staff had a clear understanding of their roles and responsibilities. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals had access to these records as required.

Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use. The environment was clean. People's rooms and bathrooms were kept clean.