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St Davids Residential Care Home

Inspection report

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Date of inspection visit:
20 October 2016

Date of publication:
23 November 2016

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

This inspection took place on 20 October 2016 and was unannounced.

St David's Residential Care Home provides accommodation for up to 18 older people. There were 15 people living in the home when we visited.

The service had a registered manager. 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.

During our last visit to the home in December 2014, we found that there were breaches of two regulations. These were about seeking consent from people, and assessing and monitoring the quality of the service. During this visit, we found that improvements had been made in these areas and the regulations were met.

Staff reported concerns to the registered manager or CQC if they had any; however, they had not received safeguarding training. This meant there was some risk of staff not identifying potential abuse. However, the registered manager was clear about safeguarding procedures and the proprietor had organised for all staff to receive training imminently.

People living in the home had documented risk assessments in place which were individual to their own needs. These provided staff with guidance on how best to protect people from risk of harm, whilst supporting them to take risks such as improving their walking. Staff supported people to maintain as much independence as possible and improve their mobility where possible.

Risks to the environment were managed appropriately. People received their medicines as they were prescribed. Where they required extra healthcare, staff supported them to access this whenever people needed.

People were supported by staff who had the knowledge and skills to provide good care to them. Staff were well supported, and there were enough staff to keep people safe and meet their needs. They were also robustly recruited to ensure they were deemed safe to work with people.

Staff asked people for their consent, and people decided on how they wanted to be cared for by staff. Staff were kind and knew people well, and they had built good, trusting relationships with people. Staff promoted people's privacy and dignity as well as their independence.

People were supported to eat a good choice of freshly prepared meals, according to their own preferences. Everyone had access to drinks whenever they required.
People chose how they wanted to live and staff supported them to go out. People followed their own

hobbies wherever possible. Staff engaged people in activities when they had the opportunity, and took people out.

There was good leadership in place, and teamwork between the staff. There were processes in place to assess, monitor and improve the quality of the service. This included gaining feedback from people, staff and relatives, as well as carrying out various audits to pick up any potential areas for improvement. However the proprietors had not always provided the registered manager with the resources they required to manage the service, deliver care and provide training.

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

The service was safe.

Risks assessments were thorough, and staff followed guidance to promote people's safety. Although staff had some knowledge of recognising potential abuse, they had not yet received safeguarding training which was planned.

There were enough staff to keep people safe, and they were recruited safely with checks in place.

Medicines were managed safely and given as prescribed.

Is the service effective?

Good

The service was effective.

Staff were competent to deliver safe care to people, and had support from their team.

Staff asked people for their consent before delivering care.

People ate a good choice of meals and had enough to drink. They had timely access to healthcare when they needed it.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and knew people well. They had good relationships with people and communicated effectively with them.

Staff respected people's dignity and privacy. They promoted people's independence.

Visitors came when they wished and staff made them welcome.

Is the service responsive?

Good

The service was responsive.

Each person's care records contained details of their likes and dislikes, and staff provided care according to people's requirements.

People were supported to engage in hobbies and go out, as well as participate in various activities within the home.

People knew who they would go to if they wished to complain, and families were involved in planning their relative's care where appropriate.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager was not always supported with the appropriate resources by the proprietors.

There was good leadership and a strong staff team. The registered manager was approachable to everyone including people and staff.

There were systems in place for monitoring the quality of the service.

St Davids Residential Care 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 was carried out by one inspector. This was an unannounced inspection.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events, which the provider is required to send us by law.

During the inspection, we spoke with four people living in the home and two visitors. We spoke with three members of staff in the home. The staff we spoke with included the registered manager who had been in post since January 2016, a senior care worker and two care assistants. We also spoke with a visiting healthcare professional who was familiar with the home, and one of the home's proprietors.

We looked at care records and risk assessments for two people who lived at the home and checked all medicine administration records. We reviewed a sample of other risk assessments and health and safety records. We looked at staff training records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

One person explained how they felt safe and supported when they needed. Another person said that the way in which staff treated them made them feel safe.

Staff we spoke with had some awareness of abuse and protecting people from harm; however we found this was not always thorough. The staff had knowledge to recognise most forms of abuse and they said they felt comfortable to report any concerns they had to the registered manager or the CQC. The registered manager had undertaken training in safeguarding and had a good awareness of protecting people from harm. However, other staff had not received training which covered different forms of abuse and who they could report to. The proprietors of the organisation told us that they had planned safeguarding training to complete this year for all staff. We saw that there was a whistleblowing policy and contact details available so that staff could report any poor practice if they needed to.

Staff had thoroughly assessed individual risks to people, concerning mobility, skin, continence, health conditions and people's weights. People's care records guided staff on how to manage and minimise these risks. For example, we saw for one person, who was not always able to use the call bell to request assistance, they had a pressure mat near their bed. This meant that staff were aware of when the person was walking in their room. They then supervised the person walking so they minimised the risk of falls. One person had a diary of falls along with further actions taken to further manage risks to them. People we spoke with told us that staff supported them to take some risks safely, such as walking with a frame or progressing from moving with the aid of a hoist, to a stand aid. We saw in one person's care plan, that they required the assistance of two staff to move around, and the person confirmed they had received this support. Staff also told us how they managed risks to people regarding their skin, such as reporting any red areas. A visiting healthcare professional we spoke with also confirmed this.

We saw that risks to the environment had been assessed, such as the flooring and carpets. The registered manager told us that they had implemented some improvements lately following a recent inspection from the fire service. This included a detailed diagram of the building regarding fire zones and escape route in the event of a fire. We also saw that fire alarms had been tested recently. Other safety checks included all electrical items and lifting equipment, as well as water safety to mitigate risks of legionella. Accidents and incidents had been recorded appropriately in detail, along with any action required to further mitigate risk of harm in future.

There were enough staff to keep people safe and meet their needs. All of the people we spoke with confirmed that they received support when they needed, including at night. A visiting relative told us, "Whenever I come in there's always loads of staff." Another said, "[Relative] has always got a buzzer and [staff] come quickly." The registered manager told us that the staff team provided cover for each other when staff were not working due to absence, and that the team was reliable. The registered manager also carried out many care shifts working directly with staff. They said they did not use a specific tool to calculate how many staff they required, as the home was small and they knew about people's needs.

There were safe recruitment practices in place which included references, identity documents and a criminal record check. This meant that only staff who were deemed suitable to work with people were employed.

One person said that it would be best to have more call bells available when sitting in the lounge. They said they had to wait at times, if staff were not present and if they needed support to go somewhere, such as the toilet. There was a call bell to one side of the room, however, for people who were not mobile, they could not reach this. The person said that most of the time staff were present, but an extra call bell would be helpful for when they were out of the room. We did observed short periods of time where staff were not in the lounge.

Senior staff were specifically trained to manage medicines. These were administered safely and stored securely. We saw the senior on shift administer medicines to people during our visit. They ensured that people took their medicines before signing it off on the Medicines Administration Record (MAR). There were systems in place to ensure medicines were given safely, including the use of removable blister packs provided directly by the pharmacy. Other medicines which were kept separately in boxes were kept safely. We counted a sample of these, and found that the medicines were correct.

We checked all of the MARs, and found that staff signed for medicines when people had taken the medicine. There was however one day where there were three missed signatures, and the senior on shift said they would discuss it with the staff member responsible. When a signature was absent, it meant that staff were not sure if the person had taken their medicines or not. Staff had not identified and followed up the missed signatures, however they were confident that the person had taken it and the staff member had forgotten to sign. We saw in monthly audits that there had not been an issue with missed signatures, and audits had picked up any other errors.

There was a clear protocol in place for medicines that were prescribed 'as required' and staff recorded these appropriately. We also checked the medicines that were associated with higher risk, and found that these were managed safely and the stock was correct.

There was a comprehensive system of returning and ordering medicines. There was also a medicines audit in place, which had picked up problems or issues. The last medicines audit we looked at had included action to be taken from it, and we could see that staff had taken action.

Good

Is the service effective?

Our findings

In our previous inspection in December 2014, we found that there were not suitable arrangements in place for obtaining and acting on the consent of people living in the home. During this visit, we found that staff asked people for consent, and delivered care in a way that people had chosen. People told us that without exception staff asked for consent about their care. One visiting relative said, "Everything [registered manager] does, comes and says so and always asks first." We saw that people had signed their care records to consent to care.

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 so that they can 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 in line with the MCA.

The home was working in line with the MCA. Where the registered manager had applied for a DoLS for one person and was awaiting authorisation, we saw that the least restrictive options were in place to deprive the person of their liberty. The registered manager had worked with other professionals in assessing that the person did not have capacity to make a particular decision. The process took into account the best interests of the person, therefore promoting their rights. Staff told us they had not received training in MCA, however they told us that they assumed capacity and offered choices to the person. The proprietors had booked training in MCA for this year.

All of the people we spoke with said that they felt staff were competent in their work. Staff received training relevant to delivering care to people such as moving and handling, pressure care and first aid. Some staff were supported to undertake further qualifications in health and social care. A healthcare professional told us that staff always asked for advice when needed and followed recommendations without exception. They felt that staff were competent in supporting people effectively with diabetes and other health conditions. They also told us that their organisation was delivering further training for staff with regards to diabetes medicine administration.

Staff received appraisals which was a yearly meeting in which they discussed their role with their registered manager, and any further training they required or areas for improvement. We saw the records of some appraisals, and saw that they included checking competency in areas such as recording, attitude and communication. The registered manager told us that they carried out supervisions with staff, however they told us that some of these were overdue. Supervisions provide a forum in which staff can gain support and raise any on going concerns with the registered manager. However, all of the staff we spoke with felt that

they were well supported and did not need to wait for a formal meeting to raise any concerns.

We spoke with one member of staff about their induction. They told us they had shadowed more experienced staff before working alone. They said they felt confident when they were able to work alone, that they had the skills to do their job.

People enjoyed freshly cooked meals each day. One person told us, "The food is good. We get a good choice." Another person explained that there were some things they did not like, and staff knew this and always offered something else. This was confirmed by a relative we spoke with who said that their relative often did not like what was on the menu, however something else was always available. One person we spoke with followed a vegetarian diet. They told us that the cook catered for this very well and they felt they received a good choice. We observed that staff encouraged people to go to the dining room for their meals; however people could also stay in the lounge or be in their rooms to eat.

A visiting relative said, "There's always a drink there, you never have to ask." We observed during our visit that, without exception, everyone had a drink within their reach throughout the day. A visiting healthcare professional also told us that they felt people received plenty of drinks in the home. Staff also regularly offered people hot drinks throughout the day. We saw that people were weighed regularly, and that people were supported to maintain a stable weight.

People had good access to healthcare, and we saw records of this in people's care records. Staff supported people to see the chiropodist, doctor, optician or nurse when they needed. We also saw that medicines had been reviewed when needed. The visiting healthcare professional we spoke with said that the staff acted promptly to refer people if they needed to call in other professionals, and this was always done appropriately.

Good

Is the service caring?

Our findings

One person told us, "[Staff member] is lovely. [Another staff member] is absolutely marvellous. She takes me out in the wheelchair." A visiting relative told us, "[Staff] are lovely with [relative]." We spoke with one person who was new to the home, having been there several days, and they said they had received a very warm welcome.

Another person said, "Some of us have a laugh." We observed that this person had a good rapport with the registered manager, laughing and making jokes. We observed pleasant interactions between staff and people during our visit. One staff member gave us an example of how they adapted their communication to meet people's needs. This was important with one person who became distressed at times. The staff member said they spoke calmly and provided reassurance. They explained that this helped the person to feel better. Another member of staff described how they communicated with a person with difficulties expressing themselves verbally, "With [person], you can tell a lot by their body language." The registered manager was able to tell us in detail about different people's personalities and how they preferred to be addressed. This demonstrated to us that staff knew people's communication requirements well.

People were supported to maintain their relationships with their loved ones. One visitor said, "I come when I like, take [relative] out when I like." There was an area within the home which relatives used privately if they wished. We saw a family using this with one person living there on the day of our visit to use to communicate with their relatives using Skype.

The relatives we spoke with told us that they felt they were involved in their relative's care, however it was not always needed as they had trust in the staff. They said they were contacted with any changes or questions whenever necessary. One visitor told us how the staff had discussed how best to minimise the risk of their relative falling. This had included the person and their family, to decide on what to put in place.

A visitor told us how the staff had supported their relative to walk, and how this had helped them regain independence. They said, "[Relative] is moving around a lot better. [Staff] get her to walk about. [Relative] feels a lot better now she can go to the toilet on her own." This was confirmed by a visiting healthcare professional who told us that staff always worked with people to regain their strength. They said, "They always make such an effort to get people mobile again." They also went on to say that staff promoted continence and exercising, which helped people improve their independence. One member of staff told us how they prompted people to walk, and how they were supporting one person to use the frame to walk instead of their wheelchair, and this was helping the person to get stronger.

Staff promoted people's privacy and dignity. A visitor told us, "They always knock on the door. They always respect [relative's] privacy." People we spoke with confirmed this was the case, and we saw during our visit that staff knocked on people's doors to preserve their privacy. One member of staff told us how they promoted dignity and independence when carrying out personal care, by ensuring they asked what the person would prefer to do themselves.

Good

Is the service responsive?

Our findings

The care records we looked at contained details about people's likes and dislikes and included their preferences with regard to how they wished to receive support from staff. The registered manager explained to us how they had meetings with families and people where they needed to establish what support people wanted. The relatives we spoke with confirmed that this happened. People's care records contained pre-assessment information. This comprised of the information the registered manager gathered about people in order to see if the home could meet their needs, as well as people's preferences. We saw that staff reviewed care records regularly and they reflected any changes in people's care needs. Staff told us that the care plans were useful if they needed to check details. However, staff told us they verbally handed over information between shifts and communicated well so they did not need to consult the care records often.

The registered manager was also in the process of gathering people's life histories, and showed us an example of this. They had gathered information about people's lives so far, so that they could get to know people better. Some of this had been added to people's records, however the registered manager was in the process of completing this for everyone.

One person told us how they preferred a male member of staff to help them with shaving, and they said staff always accommodated this. One person said, "I always have breakfast in bed." The people we spoke with said that they could have a shower when they wished. This was confirmed by a visiting relative. Another visitor did tell us that their relative preferred a bath, however there was not a bath available for them to use. Staff confirmed that they always offered people a shower daily and they could choose. People confirmed that they chose when to get up and go to bed, and we saw that staff had recorded people's preferences.

Staff explained that when people's needs changed this was recorded in daily notes and care records, but they used daily handover discussions between each shift. They then communicated any important information to staff on the next shift, so people received continuity of care.

The visiting healthcare professional also told us that they felt staff went above and beyond their duties for people, by sometimes taking people out in their own time. The registered manager confirmed that staff would support people to go out and do things when they were not on shift at times. Another member of staff said, "[Staff] are great and willing to give up their time." We spoke with two people who had decided to stay on at the home following a period of respite there, because they were happy there.

One person explained how it was their choice to spend time in their room, and come downstairs to the lounge in the evening, "I do my puzzles, I don't like going out with others." They went on to say that if they wished to go out by themselves, staff would support them to do so. Another person said, "They did games the other night, and it really made a difference," going on to say how people had participated in it and it cheered them up. There was a plan in place for staff to carry out various activities during the week. This included games and quizzes. The registered manager told us that staff also carried out extra activities when they had time, and people confirmed they enjoyed the activities in the lounge when they chose to participate. A member of staff explained how they engaged people in activities when they had the

opportunity, giving an example of playing dominoes. They said they had introduced dominoes to someone who had never played it before and they enjoyed this.

One person did say, "There's nothing much to do, I'd like to do more knitting." The person went on to tell us about an outing they had enjoyed in the summer, "We went to the circus. It was nice, we had fish and chips and ice cream." The registered manager confirmed that staff would support the person to do more knitting. A visiting relative gave lots of examples of outings that their relative had been on, and said that staff often did various activities with people in the lounge. One person said they would like to have more outings. When we spoke with the registered manager about this, they did say they had made some plans for further outings. We saw pictures on the wall of various summer outings people had been on. The registered manager told us about the entertainment they had organised for Christmas, which they had decided on based on feedback from the people living there.

One person we spoke with said, "I would complain if I needed to but I never had to." Everyone we spoke said that they were confident to approach the registered manager or other staff if they had any concerns. There was a clear complaints policy in place which was available for people, however the home had not received any recent complaints. We saw that the registered manager had acted on feedback that there had not been enough activities by organising more outings and activities.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in December 2014, we found that there was not an effective system to regularly assess, monitor and improve the quality of the service. During this visit, we found that there were many systems in place to do this.

During the course of their time managing the home, the registered manager had sought feedback from staff and people living in the home as well as visitors. They had carried out surveys with people living in the home and asked them directly for feedback. These had been positive overall and where negative feedback had been given, the registered manager had acted upon this. This had led to implementation of more outings for people living in the home. The home had also received many compliments from people and their relatives, and they had not received any formal complaints.

There were also audits in place, which included medicines management and infection control, as well as audits for equipment such as mattresses. These provided an opportunity to pick up on potential problems, which we could see had been identified and dealt with appropriately. The registered manager had also checked staff competencies and fed back to staff. Other improvements that the registered manager was still working on included the implementation of the staff supervisions and analysis of accidents and incidents.

We had some concerns regarding the role of the registered manager, in that they did several care shifts a week. They said they enjoyed this as an opportunity to show support for the staff team, work with them and provide care to people. However, the registered manager told us it was difficult to have time for everything that was expected of them. One person we spoke with confirmed that the registered manager was always there late in the evenings, saying they often saw them around 8.30pm.

The registered manager told us that where there were some gaps in areas they had planned to complete, such as staff supervisions, they had not had the time to do so. The registered manager told us that they had asked for more care staff to cover more of their care hours. The proprietors had asked the registered manager to do three days care and two days in the office. The registered manager told us that this was not practicable. This was because they did not then have time to complete all of the work they needed to do in order to manage the home, in the hours they worked. However, there were three staff vacancies during the time of our visit. The registered manager said that when these vacancies were filled, they would then have more time for management duties.

The registered manager had previously requested training in safeguarding and MCA for all staff when they first started in January 2016. The proprietors had not provided this in a timely way. We spoke with staff who were both new and long-standing, and none had received this training. We spoke with one of the proprietors during our visit, and they said they had obtained equipment such as DVDs for the training. They assured us this would be provided to all staff within the next two weeks following the inspection.

We saw good leadership in place within the staff team in the home. Everybody we spoke with knew who the registered manager was, and they were highly visible throughout the home. They also delivered a lot of

direct care to people living in the home so they knew people well. The staff told us they felt comfortable to approach the registered manager at any time and felt supported in their role. We observed the registered manager interacting warmly with people during our visit, and saw that they knew people well.

Staff confirmed that they felt the team was reliable and positive. There was a positive open culture in the home, and we saw that staff asked for advice and support from the registered manager whenever they required it. We saw that staff meetings took place, and provided opportunities to raise and resolve any issues.

The registered manager had supplied CQC, and other agencies, information such as notifications when they had been required to do so.