Jesmund Care Limited

Jesmund Nursing Home

Inspection report

29 York Road
Cheam
Sutton
Surrey
SM2 6HL

Tel: 02086429660
Website: www.jesmundcarehome.co.uk

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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 unannounced inspection took place on 24 July 2018.

This was the first inspection of regulated activity at Jesmund Nursing Home since a new provider took over the service in November 2017. Jesmund Nursing Home is a 'care home'. 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. The service is registered to provide accommodation, nursing and personal care for up to 22 people. At the time of our inspection there were 18 people were living in the service.

The service had 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.

People living in Jesmund Nursing Home were kept staff by staff who were trained to assess people's risks and to protect them from abuse. Robust recruitment practices were in place to ensure staff were safe and suitable to deliver care. The registered manager ensured there were enough staff available to deliver care and support safely and at all times. Staff followed appropriate medicines, infection control and fire safety procedures.

Trained and supervised staff delivered care and support in line with people's needs assessments. People received the support they required to eat and drink and to access healthcare services when required. The environment was adapted to meet people's needs and staff treated people in line with the Mental Capacity Act 2005.

People were treated with respect and dignity by a caring staff team. Staff and people knew each other well and shared warm relationships. People's communication needs were supported and staff respected people's privacy. Relatives were made to feel welcome when they visited the service and staff supported people to maintain contact with loved ones.

The service was developing electronic care records which were personalised and reflected people's preferences. Staff were responsive to people's changing needs and closely monitored these needs which were likely to change quickly such as pain and anxiety. The service made a range of activities available for people to participate in and supported people to access the community. People and their relatives had ready access to the provider's clear complaints procedure.

The service had a new provider who had made a number of improvements to the care home. People, relatives and staff expressed confidence in both the provider and registered manager. The provider introduced robust checks across a range of areas to improve the quality of care and support people

received. The views of people, relatives and staff were actively sought and used to shape service delivery. People benefited from the provider's partnership working with other social care organisations.

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. Staff were trained to safeguard people from abuse and improper treatment.

People's safety was enhanced due to the plans in place to mitigate identified risks.

There were enough suitable staff available at all times to deliver care and support safely.

People received their medicines in line with the prescriber's instructions.

The care home environment was clean and staff followed appropriate infection prevention and control practices.

Is the service effective?

Good

The service was effective. People's needs were assessed.

Staff were supervised and appraised by line managers.

The registered manager ensured that staff training was up-to-date.

People were supported to see healthcare professionals whenever they needed to.

People were treated in line with mental capacity and associated deprivation of liberty legislation.

Is the service caring?

Good

The service was caring. People and relatives told us staff were caring.

People and staff shared positive relationships.

People were treated with dignity and respect.

Staff supported people's communication needs.

Is the service responsive?

Good

The service was responsive. Clear care plans guided staff to meet people's assessed needs.

The service was responsive to people's changing needs.

People were supported to engage in a range of activities.

People had access to a clear complaints policy.

Is the service well-led?

Good

The service was well-led. Jesmund Nursing Home had a new provider who had implemented a number of improvements at the service.

Robust quality assurance processes were in place.

The provider acted on the feedback received from people, relatives and staff.

The service engaged in collaborative working practices with other agencies to achieve positive outcomes for people.

Jesmund 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.

This unannounced inspection took place on 24 July 2018 and was undertaken by two inspectors.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During the inspection we spoke with eight residents, two relatives, four staff, the administrator, registered manager and the provider. We read eight people's care records and five staff files. We read the minutes of team meetings, health and safety information and records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

People living at Jesmund Nursing Home felt safe. One person told us, "I am quite alright here." A relative told us, "I fully trust that my [family member] is safe and in good hands." Staff were trained to identify and report any suspicions of abuse. Staff we spoke were able to tell us about the signs that may indicate improper treatment and told us they would report any concerns immediately to the registered manager.

People's safety was enhanced by the plans in place to protect them. People were supported to have general risk assessments which covered a range of risks including physical abuse, discrimination, wandering and falling. Where specific risks were identified these were assessed and risk management plans were put in place. For example, where people presented with risks to the integrity of their skin, this was recorded in care records and plans to manage the risk of tissue damage were in place. This included staff applying barrier creams, supporting people to reposition and using pressure relieving aids. This meant people were protected from the risk of pressure ulcers.

People were supported by staff who were assessed by the provider to be safe to deliver care. The provider used robust recruiting procedures to select staff who were suitable to deliver care and support. The provider did this by reviewing applications, interviewing candidates and conducting checks of identity and criminal records. Prospective staff were required to prove their eligibility to work in the UK and the provider confirmed their work experience by taking up the references of successful applicants. The registered manager and administrator ensured that nursing staff maintained the conditions of their registration with professional bodies. In doing so the provider assured themselves as to the ongoing suitability of nursing staff at the service.

There were enough staff available at all times to deliver care and support safely to people. The registered manager used a dependency tool to determine the hours of staffing required to safely deliver care. Staffing levels were increased where people's needs had increased. The registered manager and provider kept staff levels under continuous review.

A call bell system was in use to enable people to summon assistance if required. The service had installed a new call bell system which allowed people to alert staff to their need for assistance in any location in the care home including people's bedrooms, communal areas and toilets. The call bell system activated a panel at the nursing station which showed staff where in the care home the call bell had been activated. The sound emitted by the call bell changed in tone and volume if staff did not respond quickly. The new call bell system had a facility for data to be printed out. This enabled the registered manager to analyse call bell activity including the speediness of staff responses and any patterns of calls which might indicate a change in people's needs.

People received their medicines safely. Nursing staff administered people's medicines in line with the provider's instructions and recorded when they had done so in people's individual Medicine Administration Record [MAR] charts. We reviewed people's MAR charts and found they had been signed appropriately. Medicines were stored safely in a locked medicines trolley which was secured to a wall. To manage the risk

of damage caused to medicines by the particularly hot weather at the time of the inspection, the provider placed an air cooler next to the medicines trolley. This meant that medicines remained stored at temperatures in line with the manufacture's guidance.

People were protected from the risk and spread of infection. Staff used appropriate hygiene practices to keep people safe. For example, staff wore personal protective equipment (PPE) when supporting people with personal care. PPE included single use aprons and gloves. The care home environment was clean and free of unpleasant odours. The service had an equipment cleaning schedule included a daily programme for cleaning toilets, commode, bath hoists and wheelchairs. Cleaning records were updated daily and reviewed by the registered manager weekly. Staff also followed good hygiene practices in the kitchen around food handling, preparation and storage. In May 2018 the service received a five out a five rating when inspected by the food standards agency.

People's safety was heightened by the preparedness of staff to respond to fire emergencies. The registered manager ensured that people had personal emergency evacuation plans (PEEPs) in place. PEEPs detailed the support people required to follow the service's evacuation procedure in the event of an emergency. For example, one person required the support of two staff to transfer to a wheelchair in order to leave the building safely. Each person's PEEP was periodically evaluated to ensure they continued to reflect people's needs.

Good

Is the service effective?

Our findings

The needs of people were assessed prior to admission to the service and periodically thereafter. People's assessments included a review and summary of their needs over the preceding two years. This enabled staff to see at a glance any changes in people's needs such as the need for increased support around mobility. Care records contained assessments carried out by healthcare professionals. These provided staff with details about people's specific needs and the support required to meet them. For example, where people presented with behaviours which may challenge, assessments by healthcare professionals explained why behaviours occurred and how staff should manage them. Strategies for the management of behaviours included offering reassurance, talking with staff, redirection and offering activities. Where possible people and their relatives participated in needs assessments and were invited to reviews.

People received care from trained staff. The provider and registered manager ensured that staff had the skills and knowledge they required to deliver care and support. Staff were supported to undertake an ongoing programme of training. This included training in areas such as safeguarding, moving and handling and mental capacity. Staff also received training relevant to the specific needs people presented with. This included dementia awareness and managing behaviours. New staff were supported to complete an induction package which involved training in key areas and shadowing experienced colleagues. This meant staff had an understanding of good practice in the effective delivery of care.

Staff were supervised in their roles. Line managers regularly supervised staff. These one to one meetings with the registered manager or a nurse were used to review the performance of staff, to identify the support they needed and to discuss people's changing needs. Minutes were kept of supervision meetings for later review by staff and the registered manager.

People's nutrition and hydration needs were assessed. These assessments included the support people required to eat and drink such as verbal encouragement, monitoring and full assistance by staff. Care records noted where people may be at risk of hiding or refusing food and the actions staff should take. These included respecting people's choices, recording people's decisions, offering alternatives and offering food again later. Where people required special diets, this was stated in care records and known by the chef. For example, where people were at risk of choking, care records stated they required soft food diets. Where people required the use of adapted cutlery this was stated in care records too. People chose what they wanted to eat and were given alternative meals if they wanted them. We saw one person decline to continue with their meal and request a sandwich which staff provided.

People had access to healthcare services. The registered manager ensured that timely referrals were made to healthcare professionals when required. People were registered with a local GP practice and staff supported their attendance at appointments in the care home and at hospital. Notes of people's healthcare appointments were made in care records. These were regularly reviewed by the registered manager to ensure people were receiving care and support in line with recommendations of healthcare professionals.

The provider coordinated a programme of redecoration and refurbishment after taking over the service in

2017. Prior to undertaking the works the provider consulted with people and their relatives about their preferred colour schemes for the service. Additionally, the provider sought and followed advice related to creating a dementia friendly environment from dementia specialists. This resulted in improvements to the care home's lighting and contrasting colours painted throughout. For example, handrails along corridors were a different colour to the walls they were attached to. This enabled people to see them easily and supported their mobility. The service recognised that people living with dementia might find a rapid and dramatic change to their environment confusing, so undertook the redecoration in stages. This meant the level of disruption people were exposed to was minimised and enabled staff to support people to become familiar with each change.

People were supported to use the garden to the rear of the property. The garden was wheelchair accessible and contained garden furniture such as tables, chairs and parasols. The provider used the garden area to host events. For example, a week before our inspection a marquee tent was erected in the garden for people, relatives and neighbours to hold a party.

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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people received their care and support in line with legislation. Staff assumed capacity, but where people were thought to lack capacity they were support with mental capacity assessments and best interests meets. Where people lacked capacity, and required a restriction to be put in place to keep them safe, this was done appropriately. This included referrals being made for DoLS to be put in place. Detailed records were maintained of deprivations and the restrictions were reviewed regularly to ensure they remained proportionate and the least restrictive option.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring and kind. One person told us the staff were, "Very nice. Lovely, really." One relative said, "I think the staff are very good. They obviously care about the people living here." Another relative told us, "Many is the time I have walked into a room when staff were with my [family member] and the staff didn't know I was there and I would see the two smiling at each other."

People and staff shared positive relationships. The service used a keyworking system to provide people with identified staff. Keyworkers are members of staff with specific responsibilities towards individual people. These responsibilities included, developing a rapport, promoting person centeredness, bedroom maintenance, liaising with relatives and arranging appointments. Care records noted the things people enjoyed talking about to enable staff to engage people in meaningful conversations. For example, one person's care record noted, "[person's name] enjoys talking about cricket" and said they were happy to do so, "All day long."

People's communication needs were identified and met. Staff understood people well and knew what people who could no longer use verbal communication were conveying. One member of staff told us, "Facial expression is a really good indicator for what people are saying. For example, they might stare at or change their expression when looking at pictures of different food like sausages, rice or cakes. That's a choice made." The service supported the communication needs of people who spoke languages besides English. For example, menus were also written in Italian and Tamil. Menus were also presented with large photographs of meals to support the communication needs of people living with dementia.

People had personalised care records entitled, 'This is me'. These contained information including communication needs and family details and severed as memory books. The service encouraged relatives to contribute to these personalised records by providing photographs of people that captures important events and periods in their lives. We saw within people's 'This is me' booklets photographs of people as children with their parents, at work, in service uniforms, on their wedding days, on holidays and with their own children. This meant people had their own, personalised reminiscence aids.

People were supported to maintain the relationships that were important to them. Relatives told us their experience of visiting people was positive. One relative told us, "I am always made to feel welcome when I visit. The staff greet me by name and tell me how my [family member] is doing." People who chose to, were supported to write correspondence. For example, people were supported to write to and receive correspondence from the football clubs of which they were lifelong supporters.

People's privacy was respected. The provider used technology to protect people's confidentiality. Electronic care records were modified to ensure that staff only had access to information they needed to know. For example, nursing staff had access to protected hand-held devices which held inform such as people's medical information and medicines administration records. The pocket versions of these devices to which care staff had access did not hold this information. Care records in folders were stored securely in an office and were not visible to visitors.

People were treated with dignity. Staff delivered personal care in a way which demonstrated respect for people. Staff sought and received consent from people before delivering personal care. People received personal care in their bedrooms and bathrooms with the doors shut. Care records noted people's preferences for the gender of staff they wanted to support them with their personal care. Care records also noted the names by which people preferred to be known.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their individually assessed needs. Relatives told us that people's needs were met. One relative told us, "[Family member] wants for nothing." People and their relatives contributed to the planning of their care. Records of assessments and care plans noted whether people and their relatives had participated in them.

People's assessments and the care plans detailing how their needs should be met were in place. At the time of the inspection the provider was introducing an electronic care records system. Electronic care records contained important information about people. This information included people's needs assessments, risk assessments and assessments undertaken by health and social care professionals. Electronic care records also contained care plans daily notes made by staff including food and fluid intake, repositioning details and activities. During the transitional phase from paper based records to electronic care records the service operated a system of dual recording. This meant staff made notes into both the electronic and paper care records so that important information and was not missed.

The provider arranged for a wide range of activities to be made available for people to participate in. One person told us, "I don't get bored here." Activities included gentle exercises, one to one newspaper and magazine reading, general knowledge quizzes and arts and crafts sessions. One member of staff told us, "Art work is surprisingly popular, particularly painting. We put a lot of pieces on display." We saw people's art creations on show around the service. The service was also visited by a musical entertainer who led singalong sessions with people. A member of staff told us, "The music man plays a lot of old songs I never heard before but everyone here loves them."

The service arranged movie nights for people. In response to requests from people for older films to be shown, the provider sought the services of a vintage film specialist who presented a monthly 'vintage movie night', when black and white films and documentaries were screened using a 1950's projector. Vintage movie nights were themed to coincide with contemporary events. For example, around the time of a recent Royal Wedding people watched footage of Royal Weddings during the 1940s, 50's and 60's. Each vintage movie night was followed by reminiscences and discussions involving people, staff and the projectionist.

People were supported to access their local community. The provider developed a relationship with a specialist social care minibus service which enabled people to participate in local trips each month. These trips included outings to a local garden centre, Richmond Park and a museum. A member of staff told us, "Coffee and cake is always popular wherever we go." The service also made use of the garden to the rear of the care home. People were supported to sit outside if they chose and activities were arranged there. On a weekend shortly before our inspection the service had hosted a social event in a marquee to which people invited friends and neighbours. The event raised funds for a local charity.

The provider was responsive to people's needs. The inspection took place on an exceptionally hot day. The provider ensured that several fans were in place in each communal area as well as a fan in each person's bedroom. A pictorial noticeboard which displayed the day and date also showed the days' projected

weather which staff referred to when discussing the weather appropriateness of clothing with people. Staff placed jugs of cold drinks in communal areas and continually asked people if they would like more to drink.

The service was responsive to people's anxieties. Where people experienced anxiety care records noted the things that calmed and relaxed them. For example, one person's care records stated, "Watching TV". Other care records noted people felt calmer when talking on a one to one basis. During the inspection we observed a member of staff sitting with one person who had been agitated. The member of staff was gently holding hands with the person who appeared to be reassured by this action and calmed down. A board on the wall in the reception area displayed large photographs of the staff who were on shift. This helped to reassure people as to which members of the care team would be available to support them that day.

Staff supported people with an assessment of their pain and discomfort. The service used the 'Abbey pain scale' which is designed to measure pain for people living with dementia and who are no longer able to use speech. Staff observed and recorded the changes that people may exhibit which could indicate they were experiencing pain such as vocalisation, facial expressions, behaviour and body language. Staff acted on these signs to follow the guidance of healthcare professionals for the administration 'when required' pain management medicines.

The provider had a clear complaints process in place. The complaints process was presented on the notice board and available in each person's bedroom. No complaints had been received by the care home since the new provider took over the care home. However, the provider told us they welcomed complaints and constructive feedback as they helped the service to reflect on and then improve its practice.

At the time of our inspection none of the people living there were identified as being on an end of life pathway. However, the registered manager had experience of providing end of life care and emphasised the importance of understanding the wishes of people and relatives and involving end of life healthcare specialists as soon as possible.

Good

Is the service well-led?

Our findings

People received care and support planned and delivered by a leadership who people, relatives and staff expressed confidence in. One relative told us, "This care home has been transformed completely under the new provider. He has brought so many positive changes. He is an ideas man and the registered manager is a can-do woman. That's a great senior team right there." Another relative told us, "[The provider] is committed to making improvements." Staff were similarly complementary, with one member of staff telling us, "Everything has changed since the new provider took over. He is great. He is all about the residents and he's made lots of improvements." A second staff member said, "The provider is very nice and works as part of the team, always helping out and hands on." A third member of staff, comparing their situation with their experiences prior to the new provider arriving, told us, "Now I am happy to work here."

The provider promoted an open culture within the staff team. Staff told us they felt their contributions were welcomed by the provider. One member of staff told us, "[The provider] has asked me directly for my ideas about the home and making improvements. He then implemented them. Great." Additionally, the provider promoted good practice and role modelling. The service awarded a member of staff with the title 'dignity and respect champion' each month. This role was awarded to staff in recognition of the caring support they were observed delivering to people. Dignity and respect champions received vouchers along with their awards.

The registered manager and provider arranged team meeting for staff each month. The registered manager used team meetings to update staff about changes to people's needs and to involve staff in the developing solutions to improve the service. For example, when a relative raised a concern about an aspect of their family members laundry, the provider invited staff to discuss the matter. The registered manager then acted on the team's suggestion and recruited a member of staff specifically to manage laundry. Minutes were maintained of team meetings which were available for later review.

People and their relatives were invited to share their views. A resident's satisfaction survey was completed by people who were able to complete them. These asked questions such as, "How do you feel you are being treated by care staff?" And "Does the management spend time with you?" The responses we read were positive. The provider also gathered the views of relatives through regular relatives' meetings. Relatives meetings were used to gather feedback about the care and support being delivered and to share ideas about improvements for the future. To demonstrate the provider was acting on feedback a poster was displayed on the notice board entitled 'What you said – what we did.' This poster listed examples of how the provider had acted in response to suggestions. This included putting more pictures on display, presenting daily information about the weather, creating arts and crafts activities, inviting pets and performers to the service, displaying photos of staff and increasing Italian food options for Italian people living at the care home.

The registered manager and provider undertook a range of quality checks at the service. The provider and registered manager reviewed care records. Audits included checks of medicines storage, ordering, administration and recording, the home environment, health and safety, staffing levels and care records.

Care records audits included checks of pre-admission assessments, personal emergency evacuation plans, recent photographs of people, risk assessments and care plans for each person in both their electronic and paper forms each month. Where shortfalls were identified during quality audits action plans were put in place to drive improvements.

The service had an ethos of partnership working. The provider and registered manager worked collaboratively with other agencies within the adult social care sector including multidisciplinary teams and the regulator. The manager and nominated individual attended local authority forums for providers where good practice was shared. The service also engaged in partnership working within the local community. For example, the service held a social event to raise money for a local charity. Additionally, the provider had a relationship with a local college. The service provided regular short work experience placements for students as well a full year placement for students studying apprenticeships.