

St David's Home For Disabled Soldiers, Sailors and Airmen

St. David's Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 12 and 13 June 2017 and was unannounced.

St David's Home provides nursing care and support for up to 76 people. The home has a separate rehabilitation unit with seven places for people who are supported to return home or move to other accommodation.

The home had a registered manager who has been in post since February 2008. 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 provider worked toward ensuring there were sufficient staffing levels to meet people's needs. The provider had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service.

The home had policies and procedures to help keep people safe from harm and abuse. People using the service and their relatives told us that they felt protected and safe.

The provider had assessed and reviewed risks to the health and wellbeing of people who used the service. There were robust processes in place for the reporting of incidents and accidents and there were various systems in place to ensure people lived in a clean, safe and well-maintained environment. The provider had arrangements to ensure medicines were managed in a safe way and people received their medicines as prescribed.

Staff received regular supervision and appraisal of their work. People who used the service, their family members and external professionals thought the staff were well trained and had the skills they needed to care for them. Staff communicated well about changes to people's needs to ensure that these needs were met and people were cared for appropriately and in an effective way.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA). People told us staff sought their consent before providing care and support to them.

People were supported in maintaining a nutritious and balanced diet and had access to external health professionals if required.

People who used the service and their family members told us the staff were kind, caring, polite and helpful. The interactions between people and staff were positive and caring. People were not rushed, they smiled a lot and appeared relaxed and comfortable.

Staff empowered people to be independent and encouraged them to make choices about their care and support. People could choose if they received personal care from a female or male worker.

People told us they received care that was responsive to their needs and preferences and they were involved in the planning and reviewing of their care. Staff worked with people in a person centred way and we saw examples of how their approach had made a difference to people's lives.

The home had a dedicated team of three activity coordinators who engaged people in meaningful, appropriate and purposeful activities throughout the day. People had access to a variety of innovative aids to ensure they could live comfortable and meaningful lives. Staff encouraged people to take part in a variety of events within the local community and beyond it.

The provider had organised regular meetings for people using the service and their relatives to discuss the running of the home. The provider had a complaints policy and people and their family members knew about it.

People knew the registered manager and they complimented them. People and their relatives thought the home was very well managed and the management team was approachable and proactive in resolving any issues and concerns brought by people and their relatives.

Staff worked well together as a team and they knew what was expected from them. The staff had been given the opportunity for continuous professional development and career progression within the home.

The service had robust quality assurance systems in place to ensure continuous high quality of the care provided. External health professionals gave positive feedback about staff and the management team at the home.

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.

There were sufficient staffing levels to meet people's needs.

People using the service and their relatives told us that the service protected them from harm and abuse and they felt safe with staff that supported them.

The provider had assessed and reviewed risks to the health and wellbeing of people who used the service.

There were robust processes in place for the reporting of incidents and accidents and there were various systems in place to ensure people lived in a safe environment.

The provider had arrangements to ensure medicines were managed in a safe way and people received their medicines as prescribed.□

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and training they needed to support people effectively.

Staff received regular supervision and appraisal of their work.

Staff communicated effectively about people's changing needs to ensure that these needs were met and people were cared for in an effective way.

The provider was meeting the requirements of the Mental Capacity Act (2005).

Staff sought people's consent before offering care and support.

People were given support to meet their health care and nutritional needs.

Is the service caring?

Good ●

The service was caring.

People who used the service and their family members told us the staff were kind, caring, polite and helpful.

Staff respected people's privacy and dignity when providing personal care and people confirmed this.

Staff empowered people to be independent and encouraged them to make choices about their care and support.

People could choose to be supported by a female or male staff member.

Is the service responsive?

Good ●

The service was responsive.

People took part in the planning and reviewing of their care and support.

People had access to meaningful, appropriate and purposeful activities at the home. Staff encouraged people to take part in a variety of events within the local community and beyond it.

There was a variety of innovative aids available at the home to support people in meeting their care, health and social needs.

The provider had a complaints procedure and people and their relatives knew about it.

Is the service well-led?

Good ●

People knew the registered manager and complimented them.

Staff worked well together as a team and they knew what was expected from them.

The management team was approachable and proactive in resolving issues and concerns brought by staff, people and their relatives.

The provider promoted continuous professional development and career progression amongst staff employed at the home.

The service had robust quality assurance systems in place to ensure the continuous high quality of care provision.

External health professionals gave positive feedback about staff and the management team at the home. □

St. David's 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 inspection took place on 12 and 13 June 2017 and was unannounced.

This inspection was carried out by one inspector, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information from 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.

During our visit, we spoke with the registered manager, the deputy manager, three care staff members, two nurses, a member of catering staff and two activities coordinators.

We also spoke with 15 people who used the service, three relatives and two external professionals.

Many of people using the service were unable to share their experiences with us due to their complex needs. Therefore, in order to help us to understand people's experiences of using the service, we observed how people received care and support from staff. To do this we used the Short Observational Framework for Inspection (SOFI). 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 records which included seven people's care records, recruitment records for six staff members, training and supervision records and other documents relating to the management of the service.

Following the inspection, we contacted further two external professionals and one of these gave us

feedback on their professional relationship with the home.

Is the service safe?

Our findings

The provider worked toward ensuring there were sufficient staffing levels to meet people's needs. People's comments included, "They do come very quickly, day or night", "I don't wait long. They are speedy", "They are busy but you don't seem to wait too long. There are always staff when we need them". Two people told us "There could be a few more of them (staff members). Mornings are busy and you do wait a while to be helped but I can wait", "You do wait. They are short of staff." Relatives told us, "They (staff) do their best to come quickly. My relative always says they come quick and I see them" and "A few more staff would help at busy times." The registered manager told us that they were in the process of recruiting new staff in order to reduce and eventually stop using agency staff. The deputy manager explained, if possible, the home had always used the same agency staff to ensure continuity of care. People confirmed they knew all the staff and were happy with the support they received. One person told us, "I do have one (allocated staff member) and if she is off they send someone else who knows me well. They know how I like things done. Staff are very pleasant here and I do know most of them all the time".

People using the service and their relatives told us that the service protected people from harm and abuse and they felt safe with staff that supported them. People's comments included, "Yes I think they do a good job at protecting everyone's belongings and I always feel safe", "I feel very safe here, I never worry and feel reassured that I won't ever have to worry" and "It is very reassuring that I do not have to worry about anything like that". Family members told us, "(My relative) is very safe here, they do a great job with him" and "My relative is well cared for and the whole place and environment is safe".

The home had policies and procedures to help keep people safe from harm and abuse. The management team carried out investigations into all safeguarding concerns. Evidence showed that all safeguarding concerns had been dealt with according with the home's safeguarding policy.

All of the staff we spoke with were able to describe potential signs of abuse and were aware of the provider's safeguarding policies and procedures. Staff comments included, "If I saw an abusive behaviour, I would try to stop it and I would report it to my managers immediately. I could also inform external safeguarding authorities", "Safeguarding is doing the right think when seeing an abuse. I need to inform a nurse on duty or the manager. In this home all such issues are dealt with straight away."

The provider had assessed risks to the health and wellbeing of people who used the service. All of the care files we looked at consisted of a variety of risk assessment documents. Risk assessments we saw included those for falls, manual handling, the use of bed rails, malnutrition, pressure sore and pain and self-neglect. Records showed that all risk assessment documents were reviewed and updated regularly.

We looked at how accidents and incidents were managed in the home. We saw the provider had a robust process in place for the reporting of incidents and accidents. There was a central accident and incident register that was regularly reviewed by the registered manager.

We observed that the home was clean and very well maintained. There were various systems in place to

ensure people lived in a safe environment. Staff carried out daily visual checks of the premises and any identified issues were immediately reported to the home's maintenance team. A staff member told us, "Things are maintained immediately here, we do not need to stress."

We saw evidence of periodic checks carried out to ensure health and safety of the service provided. This included regular equipment checks, fridge temperature records, fire test logs, water temperature and legionella checks.

The provider had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service. We looked at the files for six staff members and we saw that appropriate recruitment checks were in place.

People and their family members told us they were happy with how staff had assisted people with the taking of their medicines. People's comments included, "They bring me all my meds and watch me take them and record it. I know what everything is for and so does my family", "It's done with precision and everything is checked and recorded. They remind me what they (medicines) are for if I forget". Family members told us, "I don't worry about that at all. They keep me up to date with anything new my relative may be on and we chat about if we think certain medication is not working."

The home had policies and procedures to ensure medicines were managed in a safe way. All medicines were administered by qualified nursing staff or trained health care staff. All medicines administration was recorded on Medicines Administration Records (MAR). We counted samples of medicines that were stored in individual boxes and not in pre-prepared blister packs. The amount of medicines recorded on the MAR charts corresponded with the amount of medicines in the medicines cabinets. This indicated that people received all their medicines as prescribed.

There was clear communication between staff and other relevant health professionals with regards to people's medicines administration. We saw that any changes to medicines' doses were recorded in GP's visits folders and people's daily care notes. We also saw evidence that such changes were discussed and recorded in daily staff handovers. These meant that all staff had access to this information and the risk of a possible medicine administration error was reduced.

Some people had their medicines administered in a crushed form to make it easier for them to take them. We saw evidence that appropriate discussions took place with people, their representatives and relevant health professionals who signed a risk assessment to confirm they had agreed to medicines being administered in this way.

We saw that medicines were stored correctly in the lockable cabinets and trolleys in the medicines rooms. Records showed that the temperature of the rooms was checked and recorded daily. All controlled drugs (CD) were locked appropriately in a separated, secured cabinet.

The provider had effective systems and procedures in place to ensure safe receipt and disposal of medicines. The home had ordered all regular medicines monthly or immediately if additional medicines were required. This meant that all prescribed medicines were available at the service and people were not at risk of missing their medicines' doses.

Is the service effective?

Our findings

People who used the service and their family members thought the staff were well trained and had the skills they needed to care for them. Some of their comments included, "I think they are wonderful here and really do know what they are doing" and "They are well trained, I can't fault anything they do". A family member told us, "They (staff) are fantastic with my relative, they explain why they are doing things and that it will help him."

New staff undertook an in-depth induction that consisted of training the provider considered mandatory and shadowing of more experienced colleagues. All staff we spoke with confirmed their competencies were checked before being allowed to work with people independently.

Other staff received regular mandatory, refresher training and additional training that was required to support people in a safe and effective way. These included dementia awareness, palliative care, pain management, end of life support and wound management - tissue viability training. Additionally, all staff were encouraged to complete their National Vocational Qualification (NVQ) in Health and Social Care.

All the staff we spoke with told us they felt supported by their managers. Evidence showed that staff received regular supervision and a yearly appraisal of their work.

Staff used a variety of systems to ensure all information about people had been recorded and passed on. These included daily care records, handover notes and a diary that was also a communication book. We saw that staff used it to record all information related to people's health appointments, social events or actions that needed to be taken in order to support people effectively. We were also shown the handover notes that had been formulated for agency nurses who at times worked at the home.

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 authorisation 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.

People's mental capacity in relation to their care and treatment was assessed by a visiting general practitioner (GP) and outcomes were recorded in a GP's visit notes. Where people lacked capacity there was evidence that staff had met with their families or other representatives to discuss how care could be provided in their best interests. One family member told us, "They (staff) go through everything with you and invite you to the care plan reviews. I'm involved in everything".

The provider had submitted DoLS applications for authorisation for some of the people living at the service. We saw an up to date DoLS applications list, which indicated that the provider had taken appropriate action to ensure they contacted the relevant local authority to check if DoLS for these individuals were authorised.

The staff we spoke with demonstrated good awareness of the principles of the Act. The registered manager told us and staff confirmed that the MCA had been discussed in staff meetings. We also saw information on the MCA and DoLS displayed throughout the home.

Care records for people who had been assessed as having capacity showed that they had been asked to consent to their care. These included consents to photographs being taken, medicines administered and use of bed rails. People told us staff sought their consent before providing care and support to them. One person told us "They are very good. If I need personal care they ask first before they touch me and they ask if they can accompany me to the toilet or bathroom".

The home supported people to have a balanced diet and sufficient food and drink that were nutritious and reflected people's health needs and personal preferences. People told us they enjoyed the food provided by the home. Their comments included, "Food is very good. You get a choice of two mains and then alternatives that are lighter but really you could ask for anything and they would do it for you" and "The food is good. I have chosen vegetable lasagne today as I do not eat pork. I have meals in my room because I prefer it and always at the set time." The provider had also ensured that people had sufficient drink at all times. People said, "I have a bottle of water in my room which I like and I can reach it and a jug and glass" and "I always have a drink offered in the activity room and always water in my room". A family member told us, "They (staff) are always popping in to see if my relative has a drink in reach and appropriate cup they can use themselves. They encourage my relative to drink more".

People's nutritional needs were assessed when people moved to the home and then reviewed regularly. Each person had a care plan regarding their dietary needs and how these should be met. We saw evidence that people had been referred to specialists where needed. There was a clear focus on individual needs and wishes with regards to mealtimes and food preferences. For example a SALT team member had assessed one person as needing a pureed diet, however, the person preferred to eat a normal diet. We saw that their wishes were respected and they were asked to sign a disclaimer where they agreed they understood the possible risk of their actions.

People's healthcare needs had been met and they told us they had access to health services when they needed them. Their comments included, "I tell them and they arrange it (a visit). The doctor will come the next day usually. I've seen everyone (relevant health professionals) here and they arrange it all", "I keep track of all my appointments and the manager or staff inform me about them". A family member told us, "They really do organise everything, remind me of my relative's appointments and arrange transport. If my relative does ask for the doctor, the nurse sees her and they decide. They call me and tell me."

People's health was monitored and recorded daily and there was evidence the staff made appropriate referrals for changes in health condition. Health professionals told us staff used their services appropriately. One professional said "I have no concerns whatsoever. The staff are very competent. Nurses here are confident. They are able to assess people's health correctly and pre-empt any health complications".

Is the service caring?

Our findings

People who used the service and their family members told us the staff were kind, caring, polite and helpful. They spoke about the positive relationships between the staff and people living at the service and their families. Some of people's comments included, "They are kind, they sit and chat with me whenever they can", "They are lovely. They make time for you even when they are busy and they welcome your visitors" and "They keep me safe, well cared for and fed well". One relative told us, "They are so lovely here, it feels like a large family".

We observed positive and caring interactions between staff and people who used the service. People appeared at ease with staff, looking comfortable and approaching them when they needed assistance. We observed that staff were gentle and supportive when caring for people. For example, we saw one person becoming disorientated and showing signs of confusion and distress. We saw how the staff skilfully reassured the person by offering their favourite drink and leading them to a table to take part in an activity. We saw that the person responded positively to the support. They engaged with the activity and smiled to the staff member.

We observed staff supporting people during lunchtime. Staff approached every person asking for their choice of meal. All meals were served at the same time, therefore people did not have to wait for their food and could enjoy the dining experience in the company of others. We observed that people were not rushed, they smiled a lot and appeared relaxed and comfortable. We observed that staff reacted quickly and respectfully to respond to people's needs. For example, we saw one person becoming agitated as they struggled to make themselves comfortable at the table. A staff member approached the person and helped them to get ready for their meal. The staff handled this sensitively and in a way that was not obvious to anyone else.

People using the service told us staff respected their dignity and privacy. Their comments included, "I get as much privacy and dignity as I would like", "Staff do knock and ask if I do need personal care. They don't just rush in" and "I have a lock on my door and sometimes I shut it if I'm tired and do not want to be disturbed". A family member told us, "Staff even apologise if they interrupt you with your relative and explain well what they need to do." All staff we spoke with told us respecting people's privacy and dignity was important to them. A staff member said, "We always need to communicate with people and let them know what we are doing. We need to ask for their authorisation before providing personal care so they feel comfortable and in charge." We observed staff knocking on people's door and asking for people's permission to enter before walking into their rooms.

People told us staff listened to them and often talked to them about their care needs, their likes, dislikes and current affairs. Their comments included, "Staff are always having a chat and I especially like (staff name), he is a great chap", "They cannot go by without stopping and saying hello" and "We have chats about the news".

Staff told us they empowered people to be independent and encouraged them to make choices about their

care and support. Staff comments included, "I always give people choices. I communicate in a simple way by pointing at objects or showing pictures. I always encourage people to come out of their room and spend time with others so they do not feel alone. We always reassure them we are here to support them in case they get anxious" and "We always encourage people to do as much as they can. For example, I give them a spoon and encourage them to eat and I only help if needed." People confirmed that they felt empowered by staff. One person told us, "They (staff) give me care with the independence I still enjoy."

People could choose if they received personal care from a female or male worker. This was discussed and recorded at the commencement of people's stay at the home.

Is the service responsive?

Our findings

People told us they received care that was responsive to their needs and preferences and they were involved in the planning and reviewing of their care. Their comments included, "I have a care plan and I ask staff to put things in it and they chat with me about it. I have meetings about it with my relative" and "Everything is updated when it should be. I am involved in updating and reviewing of my care plan."

We looked at examples of care plans. We saw that they were person centred and reflected the needs and personal preferences of people who used the service and had guidelines for staff on how to support people. Staff told us, "Care plans are reviewed regularly by nurses, however formulating a care plan is a team effort. Nurses know people's backgrounds very well, however, it is care staff that works directly with people and their families. We all came together to review care for each person."

We saw evidence of and heard about examples where the person centred approach of the service had made a difference in people's lives. We were told about one person who moved into the service few years ago in order to receive palliative care. Staff were flexible in their approach. A variety of staff members supported the person in order to see who they would respond the best to. Staff told us they took every opportunity to empower this person to become mobile again. Gradually, the person's physical and emotional wellbeing improved. They had taken the risk and started using a wheelchair to leave their room. We saw this person spending time in the activities room on both days of our inspection.

People were supported to follow their interests, hobbies and take part in a variety of social events and they spoke positively about activities available at the home. Their comments included, "I do like to join in sometimes, there is always something going on. I also like that I can sit quietly somewhere and watch the world go by if I want to".

The home had three dedicated activity coordinators who continuously engaged people in games, quizzes and therapeutic tasks. These were age appropriate and had taken into consideration people's likes and dislikes as well as their ability to engage in these activities. The motto of the activities team was, "Activities are very important and they need to be meaningful, appropriate and purposeful. One of the activities' coordinators told us, "You can find something to enjoy for everyone."

We observed activities throughout the day on both days of our inspection. We saw that some people were keenly engaged in activities and some were relaxing reading papers, listening to the music or chatting to other people or visitors. Evidence showed that the activities team was flexible and responsive to people's individual needs and preferences.

People and their families were encouraged to complete a family history booklet that allowed staff at the home to get to know people's past better. We saw that completed booklets were full of pictures and stories about people.

The provider had taken every possible step to ensure that people's individual needs and preferences had

been met. People had access to a variety of innovative aids to ensure they could live comfortable and meaningful life that enriched their personal potential and improved their health and wellbeing. For example, the home had recently opened a reminiscence room which was a sensory room used to stimulate and calm people with a brain injury and where stimulating activities and games could be provided for all the people using the service. The room consisted of a range of interactive equipment that by using light, music and projecting of moving images aimed to enhance people's sensory experience and help them to relax.

There was a physiotherapy room in the home where physiotherapists supported people to improve their physical strength and neurological function. We observed one of the session and we saw how the therapist and staff members supported people to do gentle exercises in order to improve their standing balance and the ability to mobilise independently.

Staff encouraged people to take part in a variety of events within the local community and beyond it. These included visits to a local synagogue, where people could take part in a singing session, taking part in social events at the local tennis club and visits from the Church of England for a weekly mass service.

The provider had organised regular meetings for people using the service and their relatives to discuss the running of the home. Additionally, people could also share their experience and offer their suggestions through a suggestion box placed in the reception area of the home.

The provider had a complaints policy that was available in each person's bedroom and people and their family members knew about it. People and family members we spoke with confirmed any complaints were dealt by the home to their satisfaction.

Is the service well-led?

Our findings

The home had a registered manager who had been in post since February 2008. All of the people we spoke with confirmed that they knew the registered manager and they spoke about them with compliments. People's comments included, "The manager comes and says hello, pops in to see how your day is going", "Yes a nice person, comes in and has a chat about all sorts of things", "the manager is very kind and very organised". Family members told us, "the manager gets things done for my relative and quickly" and "The manager is lovely and very proactive".

The registered manager was supported by the board of seven trustees and 122 staff members. These included the deputy manager, the office manager, senior and junior nurses, three qualified physiotherapists and a qualified occupational therapist (OT), health care assistants (including three team leaders), housekeeping, maintenance and catering staff. During both days of our inspection we saw that the staff worked well as a team aiming to achieve best outcomes for people who use the service. We observed that the atmosphere in the home was calm and relaxed and staff approached their duties with confidence. Staff told us they knew what was expected of them. One staff member told us, "The place is well managed and everyone knows what they doing as they (staff) are supported and this makes people happy."

People and their relatives also told us they felt the home was very well managed and the management team was approachable and proactive in resolving any issues and concerns brought by people and their relatives. People's comments included, "You can talk to them any time, it's best to make an appointment but they are approachable and make time for you" and "I give feedback and they thank me and you do see action taken". Relatives told us, "The management here are excellent , really helpful and compassionate".

Staff complimented the management team on the support staff received from them. Staff comments included, "We support each other, if there is an emergency we all can help. We work with the manager Monday to Friday and during weekends the deputy manager comes to check if we need anything. Any maintenance issues are sorted immediately", I feel supported by the management team.

The provider held various staff and team meetings in which they discussed current matters related to the service delivery as well as the health and wellbeing of people who used the service. Staff we spoke with told us the meetings were important part of their working routine and commitment to the high quality of the care provided.

Staff reported excellent communication between staff members. Their comments included, "Communication is very good here. Everybody is passing on information when they discover new things about people. For example, a new fruit a person liked/disliked or a new activity they enjoyed", "Communication between staff is great and that what makes the work to go on through the day" and "Good communication between staff is important to sustain a good quality of care."

The provider promoted continuous professional development and career progression amongst staff employed at the home. We were made aware of at least four staff who through their training and

commitment had progressed into more senior roles.

The service had robust quality assurance systems in place to ensure a high quality of care was provided. The registered manager and staff carried out regular audits and checks on all aspects of the service. These included training, medicines management, health and safety, maintenance and staff and care file audits. These were recorded and we saw evidence that the provider had taken action when problems were identified.

External health professionals who visited the service spoke positively about staff members ability to effectively support people. Their comments included, "It's excellent here. Staff use our service appropriately" and "The home is well led. I spoke to a member of the management team recently and I thought they managed their staff well.