Randomlight Limited

St Nicholas Care Home

Inspection report

21 St. Nicholas Drive
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20 October 2021

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
St Nicholas Care Home is owned and operated by Randomlight Limited who were registered in February 2019. The home provides nursing and personal care for up to 176 people over six houses. At the time of the inspection two of the houses were not operating. Of the four houses operating; one provided general nursing care, one provided nursing care to people who have a learning disability, one nursing care for people living with dementia and one unit provided residential personal care to people with dementia. There were 86 people accommodated at the time of the inspection.

When we inspected the house for people with a learning disability [Brocklebank], we considered best practice guidance for care services supporting people with learning disabilities. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. 'Right Support, right care, right culture' is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

On Brocklebank house the service was not able to demonstrate how they were meeting some of the underpinning principles of 'Right support, right care, right culture'. The house was bigger than most domestic style properties. It was registered for the support of up to 28 people with a learning disability. 17 people were using the service at the time. This is larger than current best practice guidance. However, we found any negative impact on people was mitigated by the fact the building was separate from the other houses on site. There was also a strong commitment to good practice in line with promoting an individualised approach to care. There was good information around how to preserve dignity and respect, and people were clearly encouraged to go into the community and do activities which were meaningful for them. A previous recommendation for staff to not wear uniform had been actioned.

People's experience of using this service
Most people living at the home and their relatives told us the staffing at the home was relatively stable. There was still a reliance on agency staff to cover shifts but those agency staff attending the home had been consistent and generally knew the home well. There was also a good use of senior care staff to assist care planning, wound care and medicines management.

Previous incidents of poor outcomes because of staffing issues such as high medication errors and lack of timely and appropriate care, had decreased. The feedback from both staff and people living in the home and their relatives, was overall positive. One person told us "I'm definitely safe, the [staff] are always passing my door and asking if I'm alright." This was an improvement from the last inspection.

People received their medicines on time. Staff were trained and their competency was checked to help ensure safe standards. Medication records were generally very clear; we made some suggestions on the day of the site visit and these were actioned immediately. This was an improvement.

Other records such as care records, assessments and care plans, were of a good standard and regularly audited and updated. This was an improvement.

There was a lack of positive evidence around involving and updating people and their relatives in the care planning process.

We made a recommendation to address this and meet best practice.

Arrangements were in place for checking the environment to ensure it was safe. There was a good standard of cleanliness and the houses we visited were generally well maintained.

We made a recommendation to further assess and improve to living experience for people living with dementia on Huskisson and Gladstone House's.

The home has had consistent management since the last inspection. Feedback from all parties was that the registered manager and the senior managers in the home have made a difference in terms of settling the home down and providing a positive lead. Many of the issues identified on the previous inspection have improved, benefiting from a more consistent approach by managers. The system of auditing in place has helped to identify and monitor standards in the home. This was an improvement from the previous inspection.

Most people and their relatives told us they were happy with the standard of care and felt supported with their care needs. Overall, there was a positive and relaxed atmosphere in the home. People living in the home interacted freely and staff interactions were observed to be caring and supportive.

People's dietary needs were managed with reference to individual needs and choice. Mealtimes provided a good social occasion

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection and update:
The last rating for this service was requires improvement (published 22 October 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an unannounced comprehensive inspection of this service on 16 September 2019. Breaches of legal requirements were found. The provider completed an action plan to show what they would do and by when to improve safe care and treatment and the governance of the home. We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

The overall rating for the service has changed from 'Requires improvement' to 'Good'. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Nicholas Care Home on our website at www.cqc.org.uk.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our Well led findings below.

St Nicholas Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team
The inspection was undertaken by three inspectors and two Experts 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.

Service and service type
St Nicholas care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This was an unannounced inspection which took place on 19 and 20 October 2021.

What we did
Our planning considered information the provider sent us since the last inspection. We considered information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners and other professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with 12 people using the service and 13 family members to ask about their experience of care. We also spoke with the registered manager, clinical lead, and 14 members of staff.

We carried out a SOFI observation on Huskisson House. Short Observational Framework for Inspection (SOFI) is a methodology we use to understand the quality of the experiences of people who use services who may be unable to provide feedback due to their cognitive or communication impairments. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs.

We visited three of the houses; Gladstone house had an infectious outbreak at the time of our inspection and was not visited. Another two houses were closed and were not in use.

We looked at nine people's care records and a selection of other records including quality monitoring records, training records, staff records, and records of checks carried out on the premises and equipment.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and Recruitment
At our last inspection the provider had failed to ensure safe care and treatment because the level of agency nursing staff used did not always ensure a consistently safe level of clinical care. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• Care staff numbers were covered on each of the houses. Care staff reported they were supported and worked well as a 'care team'.
• Senior care staff had been supported and trained to assist with clinical care such as medicine management and wound care.
• The home used agency staff to help cover shifts in the home. The provider recognised this as an issue and had a recruitment plan in place. The use of agency staff had decreased and the agency staff used were more consistent and knew the homes systems.
• Previous fallings in clinical care such as medication errors, due to some extent from high agency staff use, had also improved.
• Feedback from people we spoke with and their relatives was mostly positive and evidenced appropriate staffing in the home. One relative commented, "[My relative] is safe and well looked after. I'm happy with the staff and can talk with them all quite easily." Another relative told us, "[person's house] is well staffed."
The provider had a recruitment policy that helped ensure staff were recruited appropriately with the required checks made to ensure to ensure staff were safe to work with vulnerable people.

Using medicines safely
At our last inspection the provider had failed to ensure safe care and treatment because medicine management did not ensure people received medicines at the right time. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• Medication Administration Records (MAR) charts were clear and accurate and supported safe administration. We made some comments about minor anomalies in records and these were actioned immediately.

• Medicines were administered appropriately. People we spoke with and relatives told us they got their medicines on time.
• There were good protocols in place when medicines were prescribed on a 'when required' [PRN] basis.
• Medicines were administered by trained staff who also underwent regular competency checks.
• The medicine audits carried out by the provider showed previous incidents of medication errors had been mitigated and reduced.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to ensure safe care and treatment because they did not always ensure a consistently safe level of clinical care. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• Clinical risk assessments were carried out routinely for people and these had improved in their consistency of detail and application. For example, one person who had risks associated with challenging behaviour was being assessed and monitored appropriately. Another person with a risk of falls and a person who had risks identified regarding fluid intake had appropriate risks assessed and care plans in place to mitigate any risk. The assessments and care plans in place provided reassurance that these risks where being managed safely.
• There were good systems in place to ensure the environment in each of the houses and across site were safe and secure. Key indicators such as fire safety, control of legionella and monitoring of hot water temperatures were all carried out routinely and any issues identified were addressed.

Preventing and controlling infection
• Staff had received training around preventing and controlling infection and COVID19 and had access to relevant guidance and information. Routine cleaning was carried out and people's accommodation was seen to be clean and hygienic.
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Systems and processes to safeguard people from the risk of abuse
• Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
• There had been safeguarding issues highlighted leading up to our inspection and the registered manager had worked with the safeguarding authorities in a positive way.

Learning lessons when things go wrong
• The service kept a record of any incidents or accidents that occurred. Individual accident / incident records contained good detail and a review of risk had been carried out and the care plan for the person updated to reduce any future risk. There were good management processes to identify any patterns or trends if incidents occurred.
• The service had learnt from failings at the last inspection and had carried out service development plans to

meet safe care standards.

Good

Is the service effective?

Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection the provider had failed to ensure safe care and treatment because There was a failure to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• Peoples care records supported a good standard of wound care. We were able to see people who had pressure ulcers [for example] were being well monitored. Nursing and care staff had worked with external clinicians when appropriate to support good health care. This was an improvement.
• Senior care staff had undergone training in wound care to support the nursing role in the home.
• Care and support was mostly planned and monitored in line with people's individual assessed needs. Care plans evidenced some well-planned interventions for complex care needs.

Adapting service, design, decoration to meet people's needs
• People told us the general environment of the home was pleasing, well maintained and comfortable. All areas were decorated and homely. There was a maintenance plan in place to address some areas of need such as worn flooring on Huskisson House.
• There were adaptions to shared bathrooms and toilets for people with disabilities to make them easier to use.
• Huskisson house supported people living with dementia. There had been some innovations to improve the environment to support people's orientation and wellbeing and we discussed the need to access good practice audit tools to measure and enhance the environment further.

We recommend that the registered provider explores the use of audit tools that can assess and promote good practice in developing the environment to support people living with dementia.

Supporting people to live healthier lives, access healthcare services and support
• People received additional support from healthcare professionals, and this was recorded within their care records. The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.

Staff support: induction, training, skills and experience
• Most people and family members told us that regular care staff had the skills and knowledge to provide the right support. One relative told us, "I feel that the staff are competent; they all speak with the residents and organise activities for them." Another relative commented "The staff seem well-trained and understand learning difficulties" [Brocklebank House].
• The registered manager advised us that staff completion of training had been addressed and training statistics showed most staff having completed recent training and key updates.
• Senior care staff had been trained in wound care. There had been good liaising with the Community Matron regarding wound care and staff spoken with reported increased confidence in managing people with pressure ulcers.
• All staff felt the home was continuing to improve and felt supported by the registered manager. One staff told us, "I feel really well supported. When I started the induction was good and I've completed all of the online training." Another staff told us, "It's a good atmosphere and we are supported really well."

Ensuring consent to care and treatment in line with law and guidance
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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• People being supported who were subject to DoLS authorisations were being monitored effectively.
• There were examples of people having been assessed as lacking the capacity to make specific decisions. Good practice was followed in making decisions in peoples 'best interest'. Staff we spoke with understood how some decisions could be made in people's best interest if they lacked the capacity to fully understand or consent.
• People and their relatives told us they were always offered choice and control over the care they received. One relative told us, "The staff have a good approach to care - they are consensual and encouraging."

Supporting people to eat and drink enough to maintain a balanced diet
• People and family members told us, and observations confirmed, that staff supported people when required at meals times. Mealtimes were a very sociable occasion in the houses we visited. Designated staff assisted and monitored food and fluid intake. Most of the people we spoke with commented positively when asked about the food on offer.
• People were carefully assed for nutritional needs and appropriate referrals made to health professionals if needed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us they were treated with kindness and were positive about the caring attitudes of staff. Nearly all the feedback we received on the inspection about the service was positive regarding the approach of the staff when carrying out care. One relative told us, "I really like the home because the staff are very good with [person] and respond to their preferences." A person told us, "The [staff] are very kind ", they're very good, you can have a laugh and a joke with them, they help you as much as they can. "
• Care staff we saw displayed positive, warm and familiar relationships with the people they interacted with. We observed staff had a good rapport with people and people trusted staff in their daily interactions.
• Staff understood, and supported people's communication needs and choices. Care records included information on how people communicate their wishes as well as information about people's life history, likes, dislikes and preferences.

Respecting and promoting people's privacy, dignity and independence
• Most people told us that privacy and dignity were maintained, by staff knocking before entering bedrooms and doors and curtains being closed during personal care.
• Staff involved people in shared activity and supported them to contribute at their own pace.
• A relative told us, "The staff do encourage (person's) independence in small ways so that (person) can manage." We carried out observations on how staff supported people living with dementia and saw that interactions and support were carried out at people's own pace.

Supporting people to express their views and be involved in making decisions about their care:
• People were supported to communicate their views and were involved in planning their activities and daily life.
• People and family members were encouraged to share their views about the care they received with meetings and surveys; these had been carried on over the period of COVID19 and the lockdown periods.
• People and family members told us they were confident in expressing their views about the care and support provided by staff and that staff tried to respond positively.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same. This meant people's needs were not always met consistently.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• Care records contained very good detail and evidenced an individualised approach to the care provided. The care plans were reviewed on a monthly basis as part of the 'resident of the day' initiative. All the people we spoke with, although pleased with care overall, told us they had not seen their care plan and had not been consulted on reviews. All the relatives we spoke with reported the same experience.
• Relatives reported that sometimes care lacked attention to people as individuals and gave some examples of this. For instance, three relatives reported people often did not have their own clothes on but had been wearing other peoples; peoples clothing going missing or had been damaged by the homes laundry system. This did not reflect the homes philosophy of promoting people as individuals.
• Brocklebank house supported people who had a learning disability. A key element of current best practice is that links with the community are based on genuine individual choice, and that they develop over time as people's needs and preferences change. People living on Brocklebank were very dependent on staff, many unable to assist with independent life. There was a positive philosophy of care to promote a more able and inclusive life for people based on provision of equipment and promotion of individual activities.
• Since the last inspection the staff have responded to a recommendation we made about breaking down barriers due to staff wearing uniforms. This has been actioned and helps promote more personalised interactions with people living at Brocklebank
• There were activities coordinators employed who had input onto each house. As much as possible people were consulted about activities they might prefer. Following a previous recommendation, the activities promoted on the houses for people living with dementia had also improved.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• Care planning documentation contained information about how people liked to communicate, and any preferences were recorded.

End of life care and support
• Where palliative support was being provided, care plans included reference to good support for physical care needs and liaison with health care professionals for additional support. Consideration of specific end of life wishes was underway, and key family communications were highlighted and had also been considered.

Improving care quality in response to complaints or concerns
• People and family members knew how to provide feedback to the acting manager about their experiences

of care; the service provided a range of ways to do this through care review meetings, surveys and resident / family meetings.
• Staff, people and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way. One of the relatives we spoke with raised a concern on the inspection. This was fed back to the registered manager who followed up and liaised well with the relative concerned.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care
At our last inspection the provider had failed to ensure Good governance because the service had checks in place, but these were not sufficiently robust and did not identify or address issues effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

• The home has had consistent management since the last inspection. Feedback from residents, relatives, staff and stakeholders was that the registered manager had made a difference in terms of improving the home and providing a positive lead.
• Previous regulatory concerns had been addressed by the providers action plan.
• There were quality assurance arrangements set out by the registered provider and these were used to identify concerns and areas for improvement. The arrangements and systems were well established and had helped promote a level of consistent care standards. This was an improvement.
• Areas of care that had been identified previously, such as wound care and staffing, had improved overall.
• All staff, people and relatives advised us there had been a change in culture and approach since the new providers and registered manager had taken over the running of the home prior to our last inspection. One senior staff member commented "[Registered Manager] is great, he's very personable; knows al the residents and has an interest." People we spoke with and relatives felt that overall, this positive approach had improved the home.
• The management team had links with external organisations to help ensure they remained up to date with new procedures and information. Some areas of care we identified such as developing care for people living with dementia need further review and consideration in line with current evidence-based guidance, legislation, and best practice. The management team were receptive to these discussions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
• There was a manager registered with The Commission [CQC] and provided an effective lead.
• When specific incidents occurred, these were documented through the home's accident and incident

processes.
• The provider ensured regulatory notifications were sent CQC to update on any incidents or issues affecting the home.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members.
• Staff understood the service's vision and felt valued. They understood the present difficulties with staffing the home and felt there had been some progress although more was needed to recruit regular staff. They told us they felt valued and trusted by the managers and provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.

Working in partnership with others
• The acting manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.