

Sentinel Health Care Limited

New Forest Nursing 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

The inspection took place on 27 October 2016 and was unannounced. We returned on 4 November 2016 to complete the inspection. At our previous inspection in February 2015 we rated the service overall as 'requires improvement'. Improvements were needed as staffing levels were not always sufficient to meet people's needs in a timely way at peak times; people did not always receive sufficient hydration and the principles of the Mental Capacity Act 2005 had not always been followed consistently.

At this inspection we found improvements had been made in these areas and the service was compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New Forest Nursing Home provides accommodation and nursing care for up to 48 people, some of whom may be living with dementia or have a physical disability. The home is in a rural location in Fritham, near Lyndhurst. Accommodation is split over two floors with 38 single occupancy rooms and five double rooms. There is access to landscaped gardens and grounds.

New Forest Nursing Home has a registered manager in post. People spoke highly of her and she demonstrated a good understanding of the needs of people living at the service. 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.

At this inspection nearly all people and their relatives told us they were happy with the provision of care, treatment and support provided. We found the service provided safe, effective and responsive care and treatment which was well managed.

The challenge to the service was to recruit and maintain staff. Senior staff were actively recruiting permanent staff and as a result of a recent successful recruitment drive they were employing less agency staff. Thorough processes were in place which helped to ensure only suitable staff were recruited. Staff received a good induction and were provided with relevant training to help to ensure they had the necessary skills and knowledge to carry out their roles competently.

People were happy about how their health care needs were being met and there was good communication between the service and external health care professionals. Staff were kind and caring and respected people's privacy and dignity. They spoke knowledgeably about the treatment care and support people needed. There were a range of activities available although this had reduced temporarily as the additional activity coordinator was temporarily absent.

There were robust quality assurance processes in place to ensure the service continued to deliver consistently a good quality care and to drive improvements where necessary.

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.

People told us they felt safely cared for. The management team were closely monitoring to ensure there were sufficient numbers of staff deployed to meet people's needs.

Medicines were managed safely. Individual and general risk was assessed and action was taken to minimise any potential harm from reoccurring.

Is the service effective?

Good ●

The service was effective.

People were supported to have sufficient to eat and drink and to maintain optimal health.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had the knowledge and skills to carry out their role.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring. We observed good interactions between staff and people who lived at the service.

People and their families were involved in discussions about the delivery of their care. Staff respected people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

Care was delivered in accordance with people's needs and wishes.

There was an appropriate complaints policy and concerns and issues were responded to in a timely and appropriate manner.

Is the service well-led?

The service was well-led.

There was a good registered manager in post.

Regular checks and audits that took place to help ensure continual improvement.

Good ●

New Forest Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 October 2016 and was unannounced. We returned on 4 November 2016 to complete the inspection.

The inspection was carried out by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

At the time of our inspection 45 people were living at the service. We spoke with ten people who lived at the service, with seven visitors and with two visiting professionals. We spoke with six staff, with the manager and with two senior staff.

We looked at seven people's care records. We also looked at records relating to staff training and recruitment, complaints, quality assurance audits and policies and procedures.

Is the service safe?

Our findings

When we asked people if they felt safely cared for a representative comment was "I feel very well looked after. What can I say? I feel very fortunate."

At our previous inspection in February 2015 we said there were not always sufficient care staff deployed to meet people's needs. We said the provider was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we concluded that whilst staff were sometimes stretched the provider was no longer in breach of this regulation.

During this inspection we asked people whether there were sufficient staff on duty to meet their needs. We had mixed responses. Some people said there were, others were more equivocal saying "there are not always enough staff but they do their best". A relative said "sometimes a bit pushed especially at weekends but they cope." Some visitors said they had noticed less use of agency staff. A visiting professional appreciated that there was a stable group of nurses who knew the health needs of people.

The impact upon people of staff being stretched at times had been there were occasions when people had pressed their call bells and they had to wait for an unacceptable length of time before staff responded to them. This was being closely monitored by the registered manager and they had appointed a dedicated member of staff during the daytime to answer call bells. As a result, delays in answering call bells for example over 10 minutes had reduced to very occasional. Some of the delays were attributed to the current pager system which senior management said could be improved upon. As a result they were trialling a different system to alert staff when people needed assistance and staff who had used it said worked well.

Senior staff said they had recently completed a successful recruitment drive and had employed three new care staff. They said they would not care for more than 45 people until they could recruit more permanent staff.

Staff were safely recruited with relevant checks taking place. This included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services.

Medicines were managed safely. They were securely and appropriately stored. Most medicines were dispensed from tamper proof trays which contained a photograph of the person they were prescribed for to help staff correctly identify people when giving their medicines. Only staff assessed as competent administered medicines. Any mistake, which was rare, resulted in staff competencies being reassessed and staff were provided with further training if necessary. Medication Administration Record (MAR) charts were properly maintained. Some people had been prescribed topical creams. There were body charts available to direct staff about where people should have their prescribed creams applied. Records for when these had been applied contained some gaps which could indicate they had not been applied as frequently as directed. The registered manager was aware of this and was monitoring these records to ensure people had their prescribed creams applied consistently.

Risk to people's health and wellbeing were assessed and monitored. Staff completed and reviewed risk assessments every month if people were at risk of having sore skin, not eating or drinking in sufficient quantities or if they were at risk of falling. Action had been taken to minimise the identified risk, for example people at risk of developing areas of sore skin were assisted to turn in bed when they were unable to do this themselves and had pressure relieving equipment provided.

Any accident or incident occurring within the service was recorded. Incidents since the last inspection mainly related to falls which resulted in no, or minor injury. After falls people were monitored closely to ensure no further injury developed. Any action needed to reduce the possibility of the accident reoccurring had been taken.

Environmental risks were regularly reviewed and the service quickly responded to any maintenance issues identified. People had up to date personal emergency evacuation plans (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

People were kept safe by staff who could recognise signs of potential abuse and who knew what to do if safeguarding concerns were raised. Staff also knew about their role and responsibilities under the services whistleblowing policy. A whistleblower is a person who raises a concern about a wrongdoing in their workplace.

Is the service effective?

Our findings

People were satisfied they were receiving an effective service. One person said "I'd give it 9-9 1/2 out of 10." Another said "I think it is a marvellous place. I am very comfortable."

At our last inspection we said the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because we could not be assured people were always receiving sufficient amounts to drink. At this inspection we found improvements had been made and the provider had met this Regulation. People who were able to tell us said they always had enough to drink. We observed people in communal areas were offered drinks regularly.

Some people needed to have their fluid intake monitored closely to maintain optimum health. Where this was the case staff kept daily records of the amount of fluid intake and records showed the people concerned had been supported regularly to drink throughout the day and when they were awake during the night. There was a recommended daily intake and people's actual intake was monitored by nursing staff. Where people received their nutrition via a percutaneous endoscopic gastronomy (PEG) there were clear instructions for staff which they followed.

Staff were able to describe any special diets people had such as those with diabetes and those who needed a fortified diet. Where people needed a fortified diet they were given milk shakes and butter and double cream was added to their food. People were given a choice of menu to ensure their dietary preferences were catered for.

At our last inspection we said the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because there were some inconsistencies in how staff applied the Mental Capacity Act 2005. The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. 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. At the time of this inspection improvements had been made and we found the provider was no longer in breach of this regulation.

Staff demonstrated a good understanding of the Mental Capacity Act 2005. Staff asked people's consent before they provided care or support. They respected people's wishes and preferences even when the decisions made by people who had capacity may not be in their best interest. For example one person who had capacity to make a decision about their diet and who was diabetic was offered a choice of puddings.

When people at times refused care and support, staff described how they would come back at a later time to ask them again. They knew which staff people were most likely to accept support from and tried to ensure these staff were available. Where there was an indication that a person might not be able to make a decision about key or significant aspects of their care, there was evidence a mental capacity assessment had been completed and a best interest's consultation was documented in line with the principles of the Mental

Capacity Act (MCA) 2005. A visiting professional said staff supported a person who lacked capacity to make decisions about their care and treatment in the least restrictive way possible.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the MCA 2005 and protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Relevant applications had been submitted and staff were aware of which people were subject to a DoLS. One person had an independent mental capacity advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. This helped to ensure they received independent support and representation to ensure they were receiving the care and treatment they needed.

Staff understood and met people's day to day health needs. One visitor said of their relative "She wasn't very well and they got the doctor straight away". Another visitor described how the matron had liaised effectively with a hospital to ensure their father returned to the service as quickly as possible. They said "She was wonderful".

We observed one person during our visit was complaining of pain. Staff explained to them they could not provide any additional analgesic relief at that time because the person had taken their maximum prescribed dose. However the person had seen the GP the day before and had staff had arranged for the GP to see the person that day as well to see what could be done to ease their pain. Staff used a recognised pain assessment tool to help them to decide when people were in pain when they could not say this for themselves.

Staff consulted specialist healthcare professionals appropriately, for example speech and language therapists. Speech and language therapists provide treatment, support and care for people who have difficulties with communication, or with eating, drinking and swallowing. A healthcare professional said staff knew people's health needs really well. There was an arrangement with the local GP surgery which meant a GP would visit routinely two times a week. Staff said this system worked well. The visiting GP said staff were well prepared to provide them with relevant information about people's health care needs. There were good records kept about people's healthcare. For example, where people had catheters it was clear they had been changed as directed.

Staff had received appropriate training and supervision to help them to meet people's needs. Staff said "training is pretty good here" and they confirmed they had completed mandatory training in key areas such as in infection control, fire safety, food hygiene and safeguarding adults. Some staff also completed training in topics specific to people's needs such as for those living with dementia. Nurses had completed clinical training in areas such as catheterisation. Some new care staff did not speak English as their first language. Some needed to improve their English so they could effectively communicate with people who lived at the service. These staff were provided with additional support to attend English classes. Recently recruited staff were provided with an induction which was in line with the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Is the service caring?

Our findings

People were treated with kindness and respect. One person who lived at the service said "I like the people and I like the staff. The staff are very caring" Another person described staff as "very friendly." One person described how much they valued being as independent as possible and described how staff supported them with this. Staff had also enabled them to pursue their interests and talents by providing specific material which they had requested to construct a Christmas decoration which would be placed in the entrance hall.

Visiting relatives agreed that staff were friendly. One said "He(the resident they were visiting) considers this as his home" Another said their relative knew nearly all staff by name. They confirmed they were made welcome every time they visited.

Visiting professionals spoke well of the home saying "They (the staff) really bother. Each individual is considered" Another said "It is the little things staff do which are indicators of quality." Staff described how they provided a friendly and respectful service. One said for example "I like to treat residents as a new family member."

We observed many friendly and respectful interactions. Staff greeted everyone when they came into a communal area. One person could become distressed as they were not sure when their visitors were coming. Staff provided reassurance about who was coming and when. People's privacy was respected. People who were in shared rooms had a curtain between them so they could be provided with as private support and care as possible. In one instance this meant the person at one side of a room could not see beyond the curtain and they were distressed. They calmed straight away when staff came and talked with them. We discussed this with senior staff who said they would look into whether a shared room remained appropriate for this person.

Senior staff carried out a regular privacy and dignity in care audit which considered whether the care provided to people promoted dignity and protected people's modesty, whether it was sensitive and whether it was provided in line with people's individual beliefs and values. The outcome of these audits were generally very positive. These helped to ensure that care and respect continued to be at the heart of service delivery.

End of life care plans were in place for some and staff had received training in advanced care planning. This involved thinking and talking about your wishes for how you are cared for in the final months of your life. Visitors confirmed they and their relatives had been consulted and involved in the development of these plans to help to ensure people's wishes were known and could be acted upon when necessary.

Is the service responsive?

Our findings

People said staff responded to their needs and wishes. One person said, for example "They look after you and do whatever you want." A visiting care professional said they were very impressed with the care provided. They said staff paid great attention to detail. They described how staff were considerate of a person's needs, thinking and anticipating how they might provide the most appropriate care. For example, staff had requested a specialist assessment to check the person had the best chair for their needs and comfort. Visitors said staff generally had a good rapport with people and accommodated where possible people's preference about who provided them with care and support. For example, one person liked to have their nails cut by a particular member of staff and this was done by the staff member concerned.

People's care and treatment needs were assessed before they moved to New Forest Nursing Home which helped to ensure the service could provide them with appropriate care and support. People or their relatives were also encouraged to visit the home to ensure they had a better understanding of the service and what was provided.

Care plans were devised from the initial assessment of people's needs and these contained sufficient detail for staff to support people consistently. For example, one person was cared for in bed. Staff had instructions about what consistency their food needed to be, what position they should be in when they assisted them to eat and what equipment was required to enable them to be properly supported to eat and drink safely. Care plans were written to reflect people's abilities as well as explaining what help they needed. This helped to ensure people remained as independent as possible.

Care plans were regularly reviewed to ensure staff had accurate information about how to support people effectively and there was a detailed handover between each shift to update staff on any changes in people's health or care needs. The handover was both written and verbal and staff spoke knowledgeably about how they supported people. Their descriptions were line with the written information in people's care plans and in the handover sheets. People and their relatives confirmed they were consulted about their needs and preferences, for example, their food likes and dislikes. There were daily records completed to ensure staff had checked people's skin was not becoming sore, to ensure they had been assisted to brush their teeth and to ensure their nails were clean.

People's call bells were always within reach. Where people were not able to use their call bell staff carried out regular checks on their wellbeing. One person said "Yes I have a call bell but I never use it. There is always someone passing by."

There were two activity co-ordinators employed by the service although at the time of our inspection one was temporarily not working. They were missed by people and their relatives. The activity coordinator provided communal activities such as they read newspapers out to people in the lounge. They also provided one to one activities for people who remained in their bedrooms. Some people had a good view to the garden and they said they enjoyed looking at the birds and the occasional deer which came into the grounds. The service had a minibus so that residents could participate in weekly outings to local attractions.

The service had a complaints procedure which detailed how informal and formal complaints should be dealt with. People felt able to make a complaint or raise issues and there was a record kept of complaints which showed they were responded to quickly in line with the service's complaints policy. One person said

"If I wasn't happy I'd talk to this lot (indicating staff) before I went to the manager".

A visitor said things were fine but if there were any issues they would discuss them with the matron- they said any concerns were sorted out as soon as they were mentioned. The service learned from mistakes, for example on one occasion they had run out of stock of a particular dressing. This had meant they were unable to change it as quickly as they should have. Following this they had ensured they always had a supply of this particular dressing in stock.

Is the service well-led?

Our findings

There was a positive and open culture within the home. Since our last inspection the manager had changed. The new manager had successfully completed the registration process which confirmed she had the necessary qualifications, competence, skills and experience to manage the service well. Staff spoke highly of her describing her as "very approachable." One staff said "she will seek you out and tell you things" regarding any changes to a person's health. A visiting health care professional said "I would put my parents here" and said there had been a smooth transition from the previous manager to the new manager. The registered manager spoke knowledgeably about people's health and care needs and spent time supporting people with their care. This showed she had a good understanding about how her team of staff needed to support people.

People who lived at the service confirmed they had meetings regularly. Relatives were also welcome to attend. Topics discussed during these meetings included menus and suggested outings.

Staff said people's views had helped to develop the service for example one person who lived at the home had previous experience in the catering industry. They said all staff needed to wear hats when working in the kitchen. As a result of their comments the service had taken advice from an environmental health officer (EHO) and had adopted the practice that everyone with shoulder length hair would wear a hat when working in the kitchen.

There was a meeting every Monday morning for staff across all areas to share information. This helped to ensure for example, that required repairs were known and that catering staff had a good understanding of people's dietary needs.

There were very detailed audits and reviews of care which were regularly conducted to help to ensure the service maintained good standards. One example of this was senior staff conducted random night visits to the home to ensure the quality of care remained at the same quality as during the day.

New Forest Nursing Home is part of a group of five nursing homes managed by Sentinel Healthcare Ltd. Senior managers ensured any improvements made to other homes were replicated to all nursing homes within their group. For example, one of their homes had improved their legionella checks and this system was now being adopted by all the other homes within the organisation.

