

# Leopold Nursing Home Limited

# Saint Mary's Nursing Home

## Inspection report

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Date of inspection visit: 27 April 2015

Date of publication: 17/06/2015

## Ratings

### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 January 2015. Breaches of legal requirements were found. These related to infection control, staffing levels, staff training and support, and how people's consent was obtained. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We also found that the service required improvements in how they ensured the care and

welfare of people who used the service and how the service ensured that they were providing a good quality service. We issued warning notices and told the provider when they should make improvements by 23 March 2015.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Saint Mary's Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

Saint Mary's Nursing Home provides accommodation, nursing and personal care for up to 40 older people, some people are living with dementia.

There were 22 people living in the service when we inspected on 27 April 2015. This was an unannounced inspection.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was an acting manager in post who had started working in the service following our last inspection.

There were improved systems in place to meet people's needs safely. People's care records had been reviewed and updated to reflect the care and support they required. Staff respected people's privacy and dignity.

There were now appropriate arrangements in place to protect people from risks associated with infection control.

People's dietary needs were assessed and actions were taken when there were concerns about people's wellbeing relating to their nutrition and hydration.

There were sufficient numbers of staff to meet people's needs. Improvements had been made in how the staff were provided with the training and support they needed to meet people's needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty (DoLS) which applies to care homes. Staff had been provided with training in Mental Capacity Act 2005 (MCA) and DoLS. The systems in place to obtain and act in accordance with people's consent had been improved to respect people's rights and choices.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

There were improvements made in how the service sought people's views and experiences. Improvements were made in the service's quality assurance processes. However, these needed to be embedded further to show that the service can sustain the progress made.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety.

Risks to people's welfare were assessed. Staff knew how to keep people safe from harm.

There were now enough staff to meet people's needs.

We could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

**Inadequate**



### Is the service effective?

We found that action had been taken to improve effective.

Staff had been provided with training and support to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were implemented when required. Systems had improved to obtain and act on people's consent.

Improvements were made in how people's nutritional needs were being assessed and met.

We could not improve the rating for effective from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

**Inadequate**



### Is the service caring?

We found that action had been taken to improve caring.

Staff interacted with people in a caring manner. People's privacy and dignity was promoted and respected.

People and their relatives were involved in making some decisions about their care.

We could not improve the rating for caring from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

**Requires Improvement**



### Is the service responsive?

We found that action had been taken to improve responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to meet people's needs.

**Requires Improvement**



# Summary of findings

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

## Is the service well-led?

We found that action had been taken to improve well-led.

Improvements had been made in the quality assurance system but these needed to be embedded into the service provided and sustained over time to ensure people received a good quality service.

People were asked for their views about the service and their comments were listened to and were now used to improve the service.

We could not improve the rating for well-led from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

**Inadequate**



# Saint Mary's Nursing Home

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Saint Mary's Nursing Home on 27 April 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 19 January 2015 had been made. The team inspected the service against all of the five questions we ask about services: is the service safe, is the service effective, is the service caring, is the service responsive and is the service well-led? This is because the service was not meeting some legal requirements.

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of older people and people living with dementia.

We reviewed the previous inspection reports to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about

the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 5 people who were able to verbally express their views about the service and four people's relatives/visitors. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with nine members of staff, including the manager, catering, domestic, nursing and care staff. We also spoke with a visiting professional. We looked at records relating to the management of the service, four staff recruitment and training, and systems for monitoring the quality of the service. We also spoke with stakeholders, including a member of the local authority safeguarding team.

Prior to our inspection we had received concerns about the service provided; these had been reported to and investigated by the local authority. The local authority had kept us updated with the support that they were providing to the service to assist them to improve the care and support provided to people. During our inspection we looked to see what action had been taken as a result of these concerns.

# Is the service safe?

## Our findings

Our previous inspection of 19 January 2015 found that improvements were needed in how the provider ensured that there were sufficient staff numbers to meet people's needs safely and how the service ensured people's safety, including infection control. During this inspection we found that improvements had been made through the introduction of new and improved systems. However these need to be embedded and sustained over time to ensure people are provided with a consistently safe service.

People told us that there were improvements in the staffing levels, that there were enough staff to provide them with assistance when needed and that call bells were answered promptly, when there were times they had to wait, this was not excessive. One person said, "Staffing has improved with more new staff and this helps when people go off sick." Another person commented, "Staff are very good and they come within 5 minutes when I ring the buzzer and they do respond fairly quickly as a home so I cannot complain." Another person told us, "It is alright here and when I ring the buzzer they come quite quickly." One person's relative said, "They have problems on occasions with staffing but on the whole it is good."

Our observations confirmed what we had been told, staff were attentive to people's needs and verbal and non-verbal requests for assistance, including call bells, were responded to promptly. Staff told us that the staffing levels in the service were better and this had caused staff morale to improve. One staff member said, "It is now a happier place to work with more equipment, nice new bedding, more people coming into work, not so much sickness amongst the staff which is better." Another staff member commented, "It is better now and everybody helps each other and we have good team work now."

There was a system in place which had been developed since our previous inspection which the manager and provider used to assess that the numbers of staff on duty were sufficient to meet the needs of the people who used the service. A further system had been developed to use when there were unexpected leave of staff, such as short notice sickness. The rota now showed when the manager was on duty and it reflected the staffing levels which staff had told us about and what we had observed during our visit.

Records showed that checks were made on staff to make sure that they were suitable to work in care and were of good character. This safeguarded people who used the service from being cared for and supported by staff who were not suitable and safe to work in care.

People told us that they felt safe in the service. One person said that there had been, "Lots of changes, they have painted the whole of the top floor and behind toilet and bathroom doors are maintenance charts. Fire notices have been moved to more visual positions and the fire inspectors came and all the extinguishers have all been check into the green position, I have checked them all and they all have fresh seals." Staff told us how improvements had been made in the health and safety in the service. One said, "We have been told not to leave out any cleaning equipment in the corridors we now leave it out of the resident's way." This was confirmed in our observations, there were no equipment or cleaning materials in the service which were accessible and a risk to people. We had noted that two areas that needed addressing which could be a risk to people, a broken toilet seat and a part missing on a call bell which enables people to hold it. We reported this to maintenance staff and they were addressed immediately.

Improvements had been made in how the risks to people's health and welfare were recorded to guide staff on how to minimise the risks. People's care records now included risk assessments which identified how the risks in people's daily living, including the use of mobility equipment, accidents and falls, nutrition and pressure area care and prevention, were reduced.

Improvements were made in how support was provided to people to reposition to reduce the risks of pressure ulcers developing and how this was recorded. Records included a new tool which was used by staff to monitor the risks of pressure ulcers developing and when action should be taken to minimise these risks. This was confirmed by staff who understood their responsibilities relating to the risks of pressure ulcers developing. Records showed that where people were at risk of pressure ulcers developing they were assisted to reposition to minimise these risks.

Staff understood their responsibilities to ensure that people were protected from abuse and they told us that they would have no hesitation in reporting concerns. Staff had been provided with safeguarding since our last inspection and there were further plans in place to provide

## Is the service safe?

this training to the staff who were not able to attend. The manager told us about the actions they had taken to reduce the risks of previous safeguarding concerns happening again.

We saw that staff assisted people to transfer to and from wheelchairs into and from armchairs using the hoist. We saw that this was done safely and staff spoke with people throughout to check that they felt safe and to let them know what they were doing. Staff had received training in moving and handling, including using equipment to assist people to mobilise. The manager told us the action that had been taken to ensure that people were provided with their own slings, which meant that they were assisted with equipment which was safe for them to use and to reduce the risks of cross infection.

There had been improvements made in the service's infection control procedures and processes. This was confirmed by people who used the service. One person told us, "The cleanliness has improved and there is no smell of wee from the lift to the lounge like there used to be and all the carpets have been steam cleaned and the bathroom maintenance chart is filled in every day, it is now cleaner."

Another person said, "The cleaning is better and they are going that extra mile." Another commented, "They are very good with cleaning. I had a musty smell in my bathroom and maintenance have been good but the domestic brought something in to go into the cistern." One person's relative told us, "It is much cleaner and fresher and more happiness around, not doom and gloom."

The service was clean and hygienic and records of cleaning and schedules had been further improved. Staff told us about how the cleaning in the service was better. One staff member said, "We have a new cleaning rota for toilets which started on the 18 February [2015] and it is filled in once a day when the toilet is cleaned." Another staff member commented, "The manager is a bit more strict but fair. With cleaning we have to write more down and we are doing the toilet every day even if the room is not used and showers I clean twice a day if they are being used."

The laundry, people's bedrooms and toilets and bathrooms were clean. Carpets and chairs had been cleaned or replaced and table cloths had been replaced. This provided people with a cleaner and more hygienic environment to live in.

# Is the service effective?

## Our findings

Our previous inspection of 19 January 2015 found that improvements were needed in the provision of staff training and support, how the service obtained people's consent for care and treatment and how people's dietary needs were assessed and met. During this inspection we found that improvements had been made through the introduction of new and improved systems. However these need to be embedded and sustained over time to ensure people are provided with a consistently effective service.

Since our last inspection improvements had been made in the training that staff had been provided with and there were plans in place to provide further training, such as in people's specific mental health conditions.

People told us that they felt that the staff had the skills that they needed to care for them. One person said, "All are very much focussed on the job and are a very good team." Records and discussions with the manager and staff confirmed the training that had taken place since our last inspection. One staff member told us, "I did four day training, human rights, independence, everyone is to be treated as an individual and to have their personal needs done."

There had been improvements in the way that staff supervision meetings were recorded, which now showed that staff were able to discuss the ways that they worked, concerns and to receive feedback about their work practice. One staff member told us, "I feel supported by the manager, the nurses and they told me about the rules and colleagues they are all helping me."

People told us that their consent was always sought before care or treatment was provided, which was confirmed in our observations. For example staff asked for people's permission before they were supported with their personal care.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty (DoLS) which applies to care homes. Staff had completed training and workbooks on the Mental Capacity Act 2005 (MCA) and DoLS. Staff told us that they had received DoLS training and

were able to say how it would affect people and when it needed to be implemented. DoLS referrals had been made to reduce the risks of [people being deprived of their liberty. People's care plans had been reviewed and updated and now guided staff on the actions that they should take to gain people's consent.

People told us that the food in the service had improved and that they were offered choices of meals. One person said, "We have printed menus now and I have always have an alternative, beans and cheese on toast or egg on toast at supper instead of sandwiches. Last Saturday the beef pie was excellent and now we have fruit offered in the afternoons; tangerines, apples, oranges and bananas." Another person commented, "Fruit now in the supper desserts now, mixed fruits like melon, pineapple and it is offered with ice cream for those who cannot swallow."

We saw that where people required assistance to eat and drink, this was done at their own pace and in a calm way. We tasted the meatloaf and it was very good. Food was plated attractively and the portion sizes were geared to the individual with the cook and staff knew about people's individual preferences, such as no carrots or extra gravy.

People's records had improved in the ways that the amount of food and fluid that they had was documented. This allowed the staff to monitor if people had enough to eat and drink. Records showed that people were weighed regularly and that when there had been issues, such as weight loss, the staff had sought support and guidance from a dietician. Risk assessments had been improved which guided staff on how to support people who were at risk of not eating or drinking enough. A member of the catering staff told us about the improvements made in monitoring people's dietary needs, "We are doing more with MUST [malnutrition universal screening tool]; milkshakes, fruit juices, cream shots and mixing it up a bit more." This told us that people's dietary needs were assessed and there were systems in place to meet them. This was confirmed by a person's relative who told us that the person had lost weight and were provided with food supplements, they said that they were going to speak with the manager about their relative's progress.



# Is the service caring?

## Our findings

Our previous inspection of 19 January 2015 found that improvements were needed in how people's diverse needs and preferences were recorded and met. During this inspection we found that improvements had been made through the introduction of new and improved systems. However these need to be embedded and sustained over time to ensure people are provided with a consistently caring service.

People told us that the staff treated them with respect. One person said, "I am very impressed...it is the staff and the care of the nursing staff, they are kind and attentive and will do anything for you and I cannot fault them. On one of my bad days I call them more often and they treat me extremely well and even then they are just as kind and attentive." One person's relative commented, "It has improved an awful lot very recently. The friendliness of the staff and the care of the residents have improved." Another told us, "It has improved, staff are friendly, professional and dress appropriately."

The staff demonstrated person centred care, not just the day to day assistance that they required. We saw staff spoke with people in a caring manner and took time to listen to what they had said. People responded to staff in a positive manner such as smiling and chatting with staff. We also saw that when domestic staff were cleaning people's

bedrooms they engaged with people in friendly conversation. Staff spoke about people in a caring manner and told us that they knew about people's specific needs and experiences.

People had been involved in planning their care and support and that the staff listened to what they said and their views were taken into account when their care was planned and reviewed. A visiting professional told us that the care plans were now up to date and, "The provider is now completing some of the assessment checks themselves and I have started to teach them." One staff member commented, "We have new care plans and they are better."

People's records had been reviewed and updated and included their likes and dislikes and their decisions about end of life care. These detailed people's wishes for the care, treatment and support they wanted at the end of their life.

People's records included information to tell staff about people's life experiences, diverse needs and preferences and how these were met. This included how they communicated, mobilised and their spiritual needs.

People were assisted with personal care when they needed it and we saw that people's privacy and dignity was respected when they were being supported. This included staff speaking with people in a way that could not be overheard by others. We saw that there was a sign on a person's bedroom door which stated, "Please do not disturb having a wash, come back in 5-10 minutes." This told us that people's privacy was respected.

# Is the service responsive?

## Our findings

Our previous inspection of 19 January 2015 found that improvements were needed in how care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. During this inspection we found that improvements had been made through the introduction of new and improved systems. However these need to be embedded and sustained over time to ensure people are provided with a consistently responsive service.

People's records had been reviewed and updated and were on a new format. There had been improvements made in how people's care was assessed and planned for and how staff were provided with guidance on how to meet people's needs. We could not assess if these were updated as people's needs had changed because they had only been implemented recently. Staff were positive about the how the care plans provided them with guidance and felt that these were much better to follow and clearly explained people's needs and how they were met. One staff member said, "We have new care plans and they are better." Another staff member commented, "The documentation of care is better and general one to one time with residents, listening to them is now encouraged."

We saw and were told about examples of how staff listened to people's preferences about their care and responded to people's comments. This included a notice on a person's bedroom door which stated, "Please do not knock or wake up [person] before 6:15," this had been signed by the manager and showed that this person's preferences were respected. One person told us, "We had a resident/relative meeting three weeks ago and one relative complained about an armchair that was dirty where their relative's head went and they cleaned it straight away." We saw one person had been worried about their health regarding their blood sugar levels. The nurse was called by a care staff member. The nurse did another check on the person, despite having been done earlier. This reassured the person and the staff involved showed care and compassion for the person.

One person told us how they liked to keep mobile by "I am quite weak and came here...to build up my strength and I walk every other day and do four circuits of the floor each time with a carer and then later on I do one or two on my own. I ask them to accompany me." Our observations confirmed what we had been told which showed that the staff assisted the person, as required and preferred. A staff member and this person walked laps of the service, the staff member encouraged the person to maintain their independence. The staff member said that they were happy to walk with the person as long as they wanted to.

A staff member told us about the 'resident of the day' system which allowed the person who was allocated to a day to go through their care plans with a staff member and discuss if they were happy with the care that they were provided with.

People and their relatives told us that there were no restrictions on the times that people could have visitors. This showed that people were supported to maintain relationships with the people who were important to them and reduce their isolation.

There had been some improvements in the activities provided in the service, however, these needed to be further improved to be meaningful and interesting to people. People told us that they had seen some improvements. One person said, "They are going in to introduce film themed evenings." Another commented, "A man came in two weeks ago with an acoustic guitar in the main lounge." We saw a staff member playing a game with a large cube with a person. The person responded positively to this by laughing and engaging with the staff member. We saw that staff had time to chat with people on a one to one basis throughout the day.

The manager told us that the provision of activities was going to be further improved. They recognised the need to implement people's daily living skills into meaningful activities and had plans in place to provide these. This meant that people would be provided with stimulation to reduce the risks of being isolated and bored. Records showed the activities that people had participated in which included arts and crafts, indoor gardening and games.

# Is the service well-led?

## Our findings

Our previous inspection of 19 January 2015 found that improvements were needed in how the provider and registered manager monitored and assessed the service to ensure that people were provided with a good quality service. During this inspection we found that improvements had been made through the introduction of new and improved systems. However these need to be embedded and sustained over time to ensure people are provided with a consistently well-led service.

People told us that they felt that the service was well-led and they could see that improvements had been made which they saw as positive. One person said, “The attitude of the staff they seem much happier and the whole home feels more homely.” Another person commented, “The new manager is very good and [manager] has got everyone doing what they should be doing, getting things done when they should be done. It is very good to have the matron [manager] here and I have nothing but good things to say about [manager].” Another person told us, “Residents have stopped moaning and staff have stopped moaning and they have a job to do and they are getting on with it, everyone is quite happy.” A visiting professional told us about how they had seen the improvements in the service to be positive and that, “I have good communication with the manager and we have open dialogue.”

The manager told us how they were using people’s comments to improve the service and were undertaking satisfaction surveys with people and their relatives and there had been a comments box placed in the entrance area to the service. People told us that there had been a recent meeting to which people and their visitors attended. The minutes to these showed that people discussed their satisfaction of the service and made suggestions for improvements and they were kept updated with changes in the service. One person told us, “I asked about the CQC inadequate assessment and asked what was happening and the manager said that the written procedures had not been followed [manager] said that they need to be writing down what they were doing.” They were planning to hold these meetings on a quarterly basis and that people’s comments would be valued, listened to and addressed.

A staff meeting had been held following our last inspection and the minutes showed that they were told about the issues identified in our inspection and how improvements

were planned going forward. This told us that the staff were kept updated in what was happening in the service and they were advised of the provider’s values and plans to provide a good quality service to the people who used the service.

Staff were positive about the improvements in the service and how the service was led. They understood why the improvements were needed and were committed to providing a good quality service to people. One staff member said, “I feel more respected and more valued and appreciated now.” Another commented, “The new manager is good and [manager] cares about everything and tells us if we need to do something and tells us to work together and help each other to get good team work.” Other comments included, “I like the new manager, [manager] is strict with staff and they are giving more attention to detail and lots of things have stepped up... Any queries you can go straight to [manager] and discuss things and [manager] listens and is always up to find a better solution to make things better,” “Staff morale is very good and it is a happy team and we help each other. I like the new manager [manager] listens and you can go straight to [manager] if you have a problem. I like working here,” and, “A lot has changed and the staff are now showing more enthusiasm and the manager gets the job done. We are documenting better and the resources are better and there is a lot better team work and the home seems to be a lot more organised and we are evidencing to prove that we are doing this.”

There was an action plan in place which identified how improvements were being made and this was revisited by the manager, provider and the quality assurance manager. This allowed them to identify when improvements had been made and plan future improvements. The manager told us that they were planning monthly quality meetings with the provider and quality assurance manager to further discuss the service, identify shortfalls and how these were to be addressed. The manager showed us how they were monitoring incidents such as accidents and falls. A system had been introduced to identify trends and take action to reduce the risks of incidents reoccurring.

Improvements had been made in the maintenance and the upkeep of the service. This had provided people with a more pleasant homely environment to live in. This was confirmed by people who used the service and staff. One person said, “We now all have quilt covers, duvets and top and bottom sheets instead of sheets and blankets. I like it

## Is the service well-led?

and they are all colour matched and it looks more homely.” Another person commented, “The manager seems to have stirred things up...the heating has improved and our bathroom has improved.” A staff member told us, “Maintenance work is better, tiling, painting and the washing machines enclosed and the garden is better.”

There had been redecoration in both communal areas and in people’s bedrooms and there were systems in place to show that refurbishment was ongoing.

During this inspection we found that the provider and manager had made improvements in the shortfalls we had identified at our last inspection to improve the care and support provided to people. They had also been supported by the local authority to identify and address improvements needed. This needed to be embedded in practice and we will continue to monitor that the service independently identify, assess and manage risks to the people who used the service.