Mr David White

St Benedict's Nursing Home

Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on 6 and 7 January 2016. The inspection was bought forward because of concerns about the care of people who were at risk of pressure ulcers and the arrangements for responding when people developed pressure ulcers.

The last inspection of St Benedict's Nursing Home was carried out in September 2015. We found no areas of concern and the service was considered to be compliant at the time of our inspection.

The care home is registered to provide accommodation, nursing and personal care for up to 60 people. There are two areas of the home: The Vicarage provides general nursing care and The Deanery provides nursing care to people living with dementia.

During our inspection the registered manager was present. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider needed to look at the arrangements when providing medicines care to people with diabetes and where blood samples had to be taken. This was to ensure the safety of staff and prevent risk of cross infection.

The administration and management of medicines were generally safe and people told us they received the

Summary of findings

medicines they required "When I need them." Staff knew how to act and respond to concerns about possible abuse and keep people safe. People felt safe living in the home and had trust in staff to act in a way which was respectful and protected their dignity.

People spoke positively about the caring, warm and friendly approach of staff which enabled people to have positive relationships with staff.

Care plans provided comprehensive information about people's care needs and the tasks associated with those care needs. However there little or no information about the person's preferences, likes and dislikes and routines so care staff would be able to provide care which was more person centred.

There was the required numbers of staff to support people and provide care and support promptly and meet people's needs effectively. Risks to people health and welfare had been identified and action taken to alleviate risk. There were systems in place to respond effectively to people who were at risk of pressure ulcers.

People were supported to maintain their nutrition and the support of healthcare professionals was sought when required.

People were confident about the skills of staff to meet their care needs. Staff undertook training in areas which provided them with the skills and knowledge to meet people's health and social care needs. Improvements were being made to ensure the skill, knowledge and competence of nursing staff were assessed thoroughly to ensure they had the necessary competence.

People were enabled to make choices and decisions about their lives and daily routine. Where people lacked the capacity to do so their rights were protected when making decisions on their behalf.

Staff responded with understanding and professionalism to people who experienced distress, upset or anxious behaviour.

There was a welcoming and friendly environment which helped ensure people maintained relationships with those important to them.

People were able to express their views and make suggestions about improvements in the quality of the care they received. People felt they could voice their concerns and would be listened to and action taken to address any worries, concerns or complaints.

There were audits in place and actions taken where improvements had been identified. The registered manager had identified where improvements could be made and staff spoke of an open environment.

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?

Requires improvement

The service was not always safe.

The arrangements for the management and administration of medicines were not consistently safe because there was a failure to ensure the use of appropriate safety needles.

Staff were available to support and assist people in a timely manner.

People felt safe living in the home and staff were aware of their responsibilities to report any concerns about possible abuse.

There were safe arrangements for the management of risk to people's health and welfare.

Is the service effective?

Good

The service was effective.

To ensure people's legal rights were upheld assessments were undertaken and best interest decisions systems were in place when people did not have capacity to make their own decisions.

There were arrangements for regular formal supervision of staff.

Staff received training so they could achieve a level of competence to provide the care and support people needed effectively.

There were effective arrangements to assess and respond to people's nutritional needs.

Is the service caring?

Good

The service was caring.

Staff demonstrated a caring and empathic approach, responding with warmth and kindness to people when they became upset.

People were supported by caring and professional staff.

People were supported by staff who were patient and had respect for people's dignity and privacy and how people wanted to lead their lives.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans were task focused and provided detailed information about specific care needs. However they failed to reflect the person as an individual with information about preferences, daily routine and lifestyle.

Summary of findings

Activities were not always specific to people interests but this was to be addressed by the introduction of life boxes which would provide such information.

People had an opportunity to express their views about the care they received and improvements which could be made.

Is the service well-led?

Requires improvement

The service was not always well led. There were quality monitoring arrangements in place however they did not always identified areas for improvement.

There was an open, supportive environment where staff were able to voice their views and felt listened to.

The provider promoted a service which worked with other professionals to meet people's needs.

The provider made efforts to encourage links with the local community.

Staff spoke positively of an approachable manager and open culture in the home.

St Benedict's 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.

This inspection took place over two days 5 and 6 January 2016 and was unannounced.

The inspection team consisted of one adult social care inspector and a specialist nursing advisor (SPA). During our inspection we spoke with five people who lived in the home, two visitors, one healthcare professional and seven members of staff. We observed care and support in communal areas, spoke with some people in private and looked at the care records for nine people. We also looked at records that related to how the home was managed and care provided. These included administration records (MAR) sheets, training records and staff duty rotas for a period of one month.

Before our inspection we reviewed all of the information we held about the home, including the provider's action plan following the last inspection and notifications of incidents that the provider had sent us. We did not ask for a provider information return (PIR). This is a form that asks the provider to give some key information about the service.

Requires improvement

Is the service safe?

Our findings

The service was not consistently safe. We looked at the arrangements for the administration and management of medicines. There were generally safe arrangements for the management and administration of medicines. However we found some areas for improvement in relation to the use of safety needles and arrangements for monitoring blood sugar levels of people with diabetes.

There were a number of people who had diabetes and required insulin injection. Such administration required the use of safety needles however not all people were administered insulin using a safety needle. These were also required for blood sample collections which were required in the service once or twice a month. Again these safety needles were not available. Safety needles have needle stick preventative features and are single use. This was a potential risk to the health of staff because of infection risk.

Each diabetic patient had regular finger prick blood glucose assessments (BM) and their subsequent dose of insulin sometimes depended upon the result of this BM. Each person had their own BM machine. These machines required regular assessment of accuracy using testing solution. This arrangement was not in place however following discussion with the registered manager action was taken to ensure such testing was to take place.

Medicines requiring additional security were audited weekly and stored in secure locked cupboards. All medicines were stored in a locked room with keys held by the registered nurse on duty. Checks of some medicines confirmed accurate storage and recording of administered medicines. However there were some medicines which had been left unsecured. This was reported to the registered manager and an incident form was completed. The registered manager advised us action would be taken about this incident. Medicines which required fridge storage were appropriately stored and temperatures checks undertaken to ensure the safe storage of such medicines.

Medicine administration records had been completed correctly and provided information about people's medicines and how they were to be given. Where people had not been administered medicines this had been recorded and reasons as to why. One person had medicines administered via a patch on their skin. Observations of their prescribing and subsequent removal showed the date and site clearly recorded. This meant the risk of over medicating had been alleviated and there was an audit trial for this method when used to administer medicine.

People told us they felt safe in the home. One person told us "I don't feel worried about living here. Staff treat me in a way I want to be treated." Another said "My family know how much I like it here and am well looked after."

Staff demonstrated an understanding of what could be considered to be abuse and were aware of their responsibility to report any concerns about possible abuse. Staff told us they had received safeguarding training and this was confirmed by training records. One staff member told us "If I had any worries or saw something that was not right I would go to the nurse or manager." Another told us "I could always go to social services If I wanted to." Staff were aware of their rights under whistle blowing to report concerns outside of the organisation. This meant staff were able to respond to any concerns they had about possible abuse.

Staff confirmed checks i.e. references and criminal record (DBS) had been undertaken as part of their recruitment. Records provided evidence of such checks having been undertaken.

People told us they thought there were "Enough staff" available and "You only have to press your buzzer and someone comes." One person told us "It always feels like there are plenty of staff well they are always there when I want them." Staff told us they thought the staff arrangements were good. On The Vicarage there were five health care assistants and staff told us "This is generally about right. There is a floater which helps." Rotas confirmed consistent staffing of both areas of the home. We observed staff responded promptly to requests for help and were available to support people.

People's needs had been assessed prior to services being provided. Assessments were undertaken to identify risks to people who used the service, these assessments were reviewed regularly. The assessments covered areas where people could be at risk, such as risk of falls. Where risks to people's health had been identified such as weight loss measures had been put in place to monitor weight and referrals made to health professionals.

Requires improvement

Is the service safe?

Risk assessments and care plans had been completed where people were at risk of pressure ulcers. These identified actions such as re-positioning, monitoring of fluids to alleviate and respond to any concerns as to skin integrity. There was a monthly pressure ulceration prevalence audit in place. They identified incidents of pressure ulcers and recorded how, in the previous two months (November/December), there had been no incidents of pressure ulcers. In October two incidents were reported, one being on admission. In September and August no incidents were report. This meant the provider was able to monitor the incidents of pressure wounds and take improvement action regarding prevention and treatment if necessary.

We recommend the provider refers to Health and Safety guidance related to needles usage.

Good

Is the service effective?

Our findings

The service was effective. People told us they felt "Confident" about the skills of staff. One person said "I have no fault with the staff they seem well trained and know what they are doing." Staff told us they had completed a range of training such as moving people safely(including the use of equipment such as hoists), infection control, mental capacity and dementia awareness. Records confirmed nursing skills updates in areas such as catheterisation, venepuncture (taking of blood for tests) and medicines management.

Whilst nursing staff had completed skills training there was no formal process for the validation or reviewing of competencies. The registered manager told us they were starting to put in place arrangements where such validation and re-validations of skills and competencies could be assessed and reviewed. This meant there would be improved evidence for staff competencies and ability to provide and respond effectively to the care needs of people.

We asked staff specifically about the care of people who were at risks of pressure ulcers. They were able to demonstrate knowledge of factors and actions they would need to take to respond to such risk. One staff member told us about the importance of re-positioning, encouraging fluids and reporting any skin discoloring. Another identified risk of pressure ulcers associated with deteriorating health and frailty.

Care plans provided instructions for staff when supporting people identified at risk of developing pressure ulcers. This included "manual handling" instructions i.e. moving people safely with the use of equipment and providing of specific mattresses. These needed to be set against the person's weight to be effective. We checked these setting and all were found to be as stated in the person's care plan. Re-positioning charts were also in place and these accurately recorded when people had been re-positioned. Staff were able to accurately tell us the frequency at which some people required this re-positioning. This demonstrated effective systems in place to protect people's health where there was an identified risk of pressure ulcers.

There were arrangements for assessing people's mental capacity and protecting people through the use of Deprivation of Liberty Safeguards. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorized under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for a number of people and had been authorized.

We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. 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.

Staff were able to tell us about the MCA and best interest decision process and what it involved. They told us how they made sure people were offered choices and involved in decisions. On the Vicarage staff told us they how they give people prompts and choices to help people understand what was being asked of them in terms of decisions. One staff member told us how they always showed people options about what to wear and said what the choices were. One said "I always ask where they want to sit and say what the choices are." Another person had an IMCA (independent advocate) to assist with financial decisions. A second person had an assessment to establish if they had capacity about decisions as to their care. Where people had not been able to make specific decisions these had been made under best interest arrangements. One person received their medicines, at times, in drink or yogurt. This decision, to ensure they received prescribed medicines, had been made in consultation with their representative and GP. This meant that people's rights in relation to decisions and choices had been upheld and the principles of the MCA were being followed.

Staff all told us they had undertaken an induction. This had covered policies and procedures as well as some training. One staff member told us they had shadowed a senior member of staff as part of their induction. They told us "The induction was good and it gave you a real idea of what was expected of you." Copies of completed induction records evidenced the areas looked at as part of the induction such as health and safety, and fire safety.

Good

Is the service effective?

There were arrangements for formal individual supervision when the provider was able to monitor staff performance, identify training needs and offer support to staff. Staff told us they had regular supervision which included clinical supervision of nursing staff. One member of staff told us "It is good because I get to say what it is like and it has made me feel more confident." Another said "I feel well supported by the manager." This meant people were cared for by staff who were supported to undertake their role and responsibilities and achieve the competence required to meet people's needs effectively.

There were arrangements for the assessment of people's nutritional needs. Assessments showed where people required meals which needed to be prepared to meet specific needs such as pureed or soft. This was to ensure people had the nutrition they needed to alleviate the risk of weight loss and associated poor health. At mealtime we saw people received such meals where this had been identified as part of their nutritional care plan. Some people had daily food and fluid charts completed as part of their daily care arrangements. These were reviewed by nursing and senior staff to monitor people's nutrition intake. People had been referred to a dietitian to provide more specialist advice when meeting nutritional needs. Some people received dietary supplement to help in maintaining a healthy weight or addressing identified weight loss. This meant people's nutritional and dietary needs were clearly identified and any risks to health and welfare addressed.

People told us they enjoyed the meals and they were always offered a choice of meal. One person said "I need particular food and there are things I cannot have. They always make sure I get what I need." Another person said "I enjoy the food here there is always plenty to eat and they know what I like and don't like." At lunchtime on the Deanery staff spent time making sure people were offered a choice, showing people the choice of meals. Staff were available to assist and support people in having their meals. There was a relaxed and unhurried atmosphere so people experienced mealtimes as a positive and enjoyable experience.

Good

Is the service caring?

Our findings

People told us they found staff "Caring and warm". One person told us "The carers are all so friendly and kind, nothing is too much trouble." A relative told us "The carers really make an effort there is always a relaxed atmosphere."

Staff interacted with people in a supportive and caring way. They responded promptly and in a patient manner at times sitting with people explaining what was happening and when. On the Deanery people, because of their dementia, at times became upset or anxious and staff reassured people with a calming and relaxed approach. On one occasion a person was continually getting up and walking around. The care worker on a number of occasions asked if they wanted something or wanted to go somewhere. They used various ways such as offering a drink and sitting for a time with the person in an effort to relieve their anxiety. On another occasion a care worker asked discreetly if a person wanted to use the bathroom. The person became very upset and the care worker immediately calmed the situation and withdrew rather than risk the person becoming increasingly upset. We noted how they spoke with another member of staff who was successful in supporting this person. This demonstrated a flexible approach, understanding and empathy towards people's behaviour and needs.

People told us their dignity was "Always" respected. One person said "At first I felt a bit embarrassed but the carers made me feel very comfortable and they always treat me how I want to be treated." In talking with staff they understood how people they cared for may feel especially when they were assisting with personal care. One told us "I always make sure they are covered it's about respect and dignity." Staff received dignity awareness training.

The privacy and choice of people were respected. One person who spent most of their time in their room said "I choose to stay here and that's not a problem." Another person said how staff always knocked on their door and waited to be told they could come in. This was confirmed by our observations.

People told us they could have visitors at any time. One person told us "My family come often and staff are always friendly and welcoming." Another person said "I enjoy my family coming staff always take me to my room which is nice." A relative told us "It never seems a problem when we visit. Staff are friendly and tell us how (name) is." Another told us "The only restriction on when we can visit is mealtimes which is understandable though we have been here when (name) was having tea and it was not a problem." This meant the provider ensured people were able to maintain contact with family, friends and other relationships which were important to them.

Staff had undertaken equality and diversity training. They were able to tell us how they ensured they recognized the specific needs of people related to their diversity. One told us "It is about not making assumptions about people whether that's about their sexuality or beliefs". Another staff member told us how they always recognized people may have specific religious needs "Not everyone is Church of England."

Requires improvement

Is the service responsive?

Our findings

The service was not always responsive. Care plans lacked information of people's preferences, daily routines and failed to reflect the person as an individual. One person told us how they had felt very vulnerable to have two male care workers providing personal care when they first came to the home. Their relative said they could not recall their relative or themselves being asked their preference. The person told us they now preferred these same care workers. One staff member told us they did know of people who preferred female care workers and they did not provide personal care if this was the person's choice. We discussed people being asked their preference with the registered manager. They said this should happen and would raise it with staff.

Staff were able to tell us about people, their routines and what they liked. They knew routines of people in terms of preferences about when they got up and likes and dislikes regarding food and generally where people choose to spend their time. One staff member said "(Name) likes to stay in their room part of the day and then comes to the lounge after dinner." And another staff member said "(Name) enjoys certain activities but not others and sometimes they don't really want to do anything just stay in their room." However this information and detail about people (preferences, routines etc)was not recorded in care plans so consistency of care, though making this information available to all staff, could be provided reflecting a person centred approach to care.

We attended a "Residents" meeting and people spoke about the activities that had taken place and what they would like in the future. One person asked about attending local dramatics performances which they had previously enjoyed and another spoke about going shopping. People were asked about any concerns or issues they had. People spoke positively about the food provided in the home and made suggestions about menu options. We were told these would be passed to the chef.

People told us about the activities that took place. They included arts and crafts, quizzes and music. One person told us "I get to do the art sometimes which I enjoy." Another person said "I enjoy just sitting and having a chat." One person continued their contact with their church and had a regular visitor from their church. The activities organizers told us they were introducing life histories boxes. These would tell staff about people living in the home and help staff provide activities which reflected people's interests. They recognized activities were an area which could be improved to make them more related to individual preferences and it was hoped the life boxes would help to achieve this change.

People told us they had been involved in discussions with staff about the care they received. One person told us "Staff are always asking me if I am getting the help I need. My (relative) was also asked about me and they wrote out with me what help I wanted." Another person told us they had attended a meeting at which they spoke about their care and how it was going. A third person told us they had spoken with the deputy about needing more help and "They arranged for me to get help with things I was finding more difficult." A relative said "I have spoken with staff about the help (name) needs and they told me staff were helping them more now."

For people who were nursed in bed there were specific care plans and instructions about ensuring they were re-positioned at the necessary times and had fluids to maintain hydration. Staff were able to confirm these instructions and records regarding re-positioning and fluid intake had been completed. The records reflected the care plans for example with regard to the frequency of re-positioning, food intake giving indication of amount eaten and intake of fluids.

People told us they could discuss any worries or concerns with staff or the registered manager. One person told us they had spoken the registered manager and felt they had been listened to and action was taken. They said "I would have no qualms telling them if I was unhappy about something. They are very good and would do something about it I know." Another person told us they knew they could make a complaint if they wanted to but "I just tell them and they do something." A relative said they knew about the complaints procedure "They told me when I bought (name) here. I have never needed to. If I have not been happy with something or wanted to know what was happening I would speak to the deputy or manager. They are both very good."

Requires improvement

Is the service well-led?

Our findings

The service was well led. Staff told us they felt the registered manager was "In touch with what is going on and how people are." They described them as "Approachable and listens to what we have to say." We asked staff what they thought the registered manager wanted the service to be like in terms of quality. One told us "They want it not to be institutional and for people and their relatives to see it as their home."

There was an open and honest environment in the home where staff were able to express their views. One said, "It is good because we can say how we feel." Another staff member said, "They are open to suggestions and will always respond in a positive way to complaints." Staff told us they were able to raise issues and concerns not only through their formal supervision but also at staff meeting. One told us "The meeting are good because we can have our say and also the manager talks about what they want us to do. This helps us understand what is expected of us."

There were arrangements in place to monitor and audit the quality of the service. Monthly audits took place of various aspects of the service: care planning, medication arrangements. Audits were carried out on the environment to identify any improvement. Actions plans had been completed where improvements had been identified such as in relation to people at risk of infections. However these audits had failed to identify the areas for improvements we have noted e.g. care plans reflecting a person centred approach and use of safety needle at all times.

Accidents and incidents were monitored. Where there was a need to take action to reduce the risk of falls and incidents people had been referred to outside specialist and falls clinic. There were behavioural records which were used to monitor and review incidents such as aggressive behaviour towards people or staff. These were then used as evidence to discuss with mental health professionals how such behaviours could to be managed and reduce such incidents.

There were opportunities for people to maintain their links with the community and the home had contact with local schools and organisations to come in to the home. During the Christmas period there had been visits from the local church and school.

People and relatives had the opportunity to express their views through regular meetings and questionnaires. One relative told us "They ask me what I think which is good."

The registered manager had submitted the required notifications about expected deaths and other notifiable incidents.