Loxley Health Care Limited

Sister Dora 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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected this service on 8 December 2015. This was an unannounced inspection. This was the service's first inspection under their registration of a new provider.

The service was registered to provide accommodation and nursing care for up to 47 people. Some people who used the service were living with dementia. At the time of our inspection 28 people were using the service.

The service had a registered manager. 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.

People did not always receive the care and support they required in a timely way. Staffing levels were not always sufficient to support people individually and in their preferred way.

People's safety risks were identified and reviewed but were not always managed to ensure people's comfort and well-being. There were times when people were at risk of harm due to staff not managing the risk in a safe and consistent way. Staffing levels were at a minimum so there were delays to people receiving the right care and support at the right time. This also meant that people's individual care needs, support requirements and preferences were not always met.

People's medicines were managed safely, which meant people received the medicines they needed when they needed them.

Staff were aware of the actions they needed to take if they had concerns regarding people's safety. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team.

The provider had a recruitment process in place. Staff were only employed after all essential pre-employment safety checks had been satisfactorily completed.

People were supported to make important decisions about their care and treatment. Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being followed.

Staff received training that provided them with the knowledge and skills to meet people's needs.

People told us they enjoyed the food and were provided with suitable amounts of food and drink of their

choice. Health care professionals were contacted when additional support and help was required to ensure people's health care needs were met.

People were treated with kindness, compassion and respect however, contact with people was often limited to when people needed support with specific care tasks. Staff generally promoted people's independence and right to privacy.

People told us they enjoyed a varied and range of social and leisure activities that were provided. These were arranged either on a one to one basis or in groups. People could choose whether they wished to participate or not and staff respected their choices.

The service had a registered manager; they were aware of the requirements of their registration with us and notified us of significant events related to care provision. Plans were in place to introduce new systems and processes so that continual improvements could be made to enhance the quality and safety of the service.

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 consistently safe. People did not always receive the care and support they required in a timely or safe way because staff were not always readily available. Risks to people's health and wellbeing were identified and reviewed but not always managed in a safe way. People told us they felt safe and care staff knew how to recognise and report abuse. People's medicines were managed safely.

Is the service effective?

Good

The service was effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected. Staff had the knowledge and skills required to meet people's needs. People were supported to have their healthcare needs met. Where required people received specialist healthcare treatment. People told us they had sufficient to eat each day and they enjoyed it.

Is the service caring?

Requires Improvement

The service was not consistently caring. Although we saw caring interactions between people and staff, these interactions were often limited to when people needed support with specific care tasks. Specialist equipment was available and provided to ensure people's comfort and ease. People's right to privacy was promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive because people's preferences were not always considered. People told us they experienced delays in receiving staff support when they required help and assistance. Recreational and leisure activities were arranged for people to enjoy either on a one to one basis or in a group. The programme of activities was wide ranging, innovative and varied. People knew how to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led. Systems were in place to assess and monitor the quality of care provided. However the provider had identified they could be further improved and had

plans for implementing changes to ensure the effective monitoring of the safety and quality of the service.

Sister Dora 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 December 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

Twelve people were able to tell us their experience of life at the home. Some people declined or were unable to, so we spent time in the lounge areas and observed the interactions between people.

We spoke with the registered manager, the operations manager, the deputy manager, three members of care staff, an activity coordinator, and kitchen staff. We looked at six people's care records, staff rosters, two staff recruitment files and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

Requires Improvement

Is the service safe?

Our findings

Where risks to people's safety had been recognised and planned for, we found that care was not always delivered in accordance with their agreed care. For example we saw two people were provided with cold drinks that had not been thickened. The drinks had been left on tables beside each person and were easily in reach. We looked at the risk assessments and care plans for these two people and saw they had been assessed as being at risk of choking. Both people required their drinks to be thickened so they were able to have sufficient to drink but in a way that reduced the risk of choking. Nether person was able to speak with us about their personal circumstances. Staff were aware that some people needed their drinks thickened to reduce risks but on this occasion this was not provided to these two people. We spoke with the management team regarding our observations. They were aware that people should have drinks provided in this way but were unable to offer a reasonable explanation why the risk management plans were not being followed by the staff.

We saw one person sat in a chair in the lounge area for a period of five hours before they received any support from staff. The person was unable to move independently and required staff to support them with day to day life. Staff told us this person's skin condition was deteriorating and it had been reported they had developed a 'red area' on their sacrum. We looked at the records for this person. The person had been assessed as being at risk of developing sore skin because of frailty and immobility. Their completed risk assessment instructed staff to reposition the person at least every two hours. The person was to be supported to change their position to manage their risk of developing skin damage. We spoke with staff, they told us that at times it was very difficult to provide the care to this person; however during the five hours we were in the area we did not see any action was taken or offered to support this person with repositioning. We spoke with the management team about our observations and the risks to this person. They were aware of the person's support needs but were unable to tell us why staff were not consistently following the management plans.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not consistently protected from risks to their health and wellbeing.

People told us there were times when they experienced delays in receiving support from staff especially when they required the toilet. One person commented: "Sometimes I have to wait a few minutes, it's not too bad but it's worse at bed time, I've got a buzzer and if it rings they either come or don't come". Another person said that staff 'mostly' responded quickly when called. Staff told us and we saw they were busy attending to the care and support needs of people. There was very little time for care staff to have any additional contact with people apart from the times they provided support. The registered manager explained the provider's minimum staffing levels were used to determine the numbers of staff on duty. At the time of this inspection staffing numbers were at minimum levels. The operations manager told us in the short time they had been involved with the service they had identified that additional staff were required because of people's high dependency support needs. They were implementing the use of a dependency tool which when completed would be a determinant for the levels of staff required to fully meet the care and support needs of people.

Staff told us that most people needed some level of support with moving safely around the service. For example we saw people had moving and handling risk assessments where they had problems with mobility. The plans included the equipment to be used and the techniques to be utilised by staff. Some people required frames to support them with walking; we saw these were nearby and available for the person when they needed them. We saw staff were considerate and put people at ease when the mechanical hoist was needed to transfer people from one area to another.

People told us they felt safe and comfortable at the service. One person said they felt safe at the service and told us: "There's always somebody about". Another person commented they felt safe because: "The doors are locked and when the fire alarm goes off all the doors shut automatically and the carers come in to see if you're all right'. We saw call bells were within people's reach when they were in bed so they could easily attract the attention of staff if they required help and support.

Care staff were aware of their responsibility to report any concerns regarding the safety of people. One staff member said: "I would report it straight away to the registered manager and have confidence that action would be taken". Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. The registered manager was aware of their responsibilities for referring safeguarding concerns to the Local Authority. We saw that these procedures were followed when required.

Staff told us and we saw that the manager had followed safe recruitment procedures, checks to ensure that people were suitable and fit to work had been carried out prior to them being offered a position. These checks ensured staff were suitable to work with people who used the service.

People told us that staff supported them with their medicines. One person said: "I'm on medication and take lots of tablets. Staff give me these morning, noon and night to make sure I have them". We looked at the way the medicine was stored and administered. Medicines were managed safely. People told us and we saw the nurses and trained care staff gave them their medication at set times during the day. External creams and ointments were managed well. We saw body maps had been completed to indicate the area where the external creams were to be applied. Care staff applying the creams signed a separate medication administration document to record they had applied the creams as prescribed.

Good

Is the service effective?

Our findings

Staff told us and we saw that some people would be unable to make specific important decisions that affected their lives. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they were administering one person's medicines in a 'covert' manner. This meant their medicines were hidden in their food and the person's right to refuse their medicines had been removed. Staff confirmed and the person's care records showed that a best interest decision had been made for them to receive their medicines in this way.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. The registered manager told us that some people needed specialist equipment to help them with their safety but they were unable to give their consent to its use. The equipment used could be preventing their freedom of movement and as such depriving them of their liberty. The registered manager confirmed that in these circumstances DoLS referrals had been made to ensure the requirements of the MCA were being followed.

Some people had the capacity to make their own decisions about their health and wellbeing. We saw that when important decisions were needed, people had been fully supported with making these decisions by their doctor, family members and representatives.

Staff told us they had received recent training in moving and handling, we saw staff were competent and skilful when transferring people from area to area. We saw staff supported one person to mobilise from the dining table. They supported the person by saying: "Put your hands on the arms of the chair and push yourself up from there". The person then safely moved from the chair and walked into the lounge area. This demonstrated the staff had knowledge in supporting people with their mobility, as well as showing consideration for the person. The registered manager told us that staff received the training they needed for them to do their jobs. The operations manager told us of the plan to introduce new systems for staff training and development. This would include e-learning, practical and face to face sessions.

People told us they enjoyed the meals and had sufficient to eat. One person told us they had a choice of meals and went on to say: "Yes we have a choice and if you don't like the dinner, they always try to find a second one and make it for you. He's a good chef!' Another person commented: "The meals here are excellent, they really are". People were encouraged to use the dining room for meals; some people chose to stay in the lounge or their bedrooms and were offered a choice of menu. People considered to be nutritionally at risk were provided with fortified diets and food supplements to support them with adequate daily nutrition. Staff showed a good understanding of people's nutritional needs and we saw that a healthy and balanced diet was promoted.

People were provided with hot and cold drinks throughout the day. Not all people received the level of support they required with their drinks because staff were busy attending to the needs of other people. Some people had fluid charts to monitor their daily intake. We saw not all of the charts had been sufficiently completed to provide an accurate account of a person's daily fluid intake. We spoke with the senior management team about our findings they told us that action would be taken to ensure people had sufficient fluids throughout the day and accurate records maintained.

Staff supported people to access health care services should they become unwell or require specialist interventions. People told us they had visits from their doctor when they were unwell. Another person said: "They [the staff] look after you, I had a visit from a health specialist the other day, if I want to know anything about my health I ask and they tell me". We saw that people had been referred and had received consultations from the speech and language therapists, district nurses, tissue viability specialists and doctors. Some people required nursing support for routine monitoring of their health conditions, for example blood pressure checks. We saw this had been completed regularly and a record kept.

Requires Improvement

Is the service caring?

Our findings

We saw staff interacted with people well but not always in a timely way. Staff told us that some people had very high dependency needs and needed 'lots' of care and support. This meant that staff were not always available to offer the support other people needed. The registered manager told us about the ongoing review into the levels of staff needed each day.

We saw one instance where staffs actions compromised a person's independence. We brought this to the attention of the registered manager who was unable to offer a reasonable explanation for this. The assessment records of this person's care and support needs did not correspond with the staffs' actions.

People told us and we saw that staff provided care and support with kindness and compassion. One person told us: "They [the staff] look after you when you are poorly and I mean they really look after you then". Practical action was taken by staff to support people and to relieve people's distress and anxieties although at times this was not in a timely way.

Most people were supported to be and remain as independent as possible. One person told us: "Yes I am allowed to be as independent as I can be, I can stay in my room or go downstairs if I want to". People were supported to walk to the dining areas at lunchtime. We saw one person used a walking frame to support them with their mobility. Two members of staff walked beside the person to ensure they were safe.

Some people required specialist and adapted equipment to support them with maintaining their independence. For example, different cups, eating utensils, chairs and wheel chairs dependent on people's individual needs were provided. Staff told us that one person had recently been provided with a recliner chair to support them with the personal requirements. We saw that people, particularly those who were nearing the end of their life had access to specialist seating and bedding to promote their ease and comfort.

People told us and we saw people's privacy was respected, staff were careful to ensure bathroom, toilet and bedroom doors were closed when people required support with their hygiene needs. People were supported to the privacy of their own rooms when being visited by healthcare professionals such as the doctor or district nurses.

Requires Improvement

Is the service responsive?

Our findings

People did not always receive personalised care and their individual needs were not always considered or met in a timely way. For example, the personal preference for one person's way of dressing was recorded, 'likes to wear skirts', we saw the person wore trousers. Staff offered a reasonable explanation for this mode of dress but nevertheless this was not the person's preference. Two other people liked to have a certain drink before meals. This was recorded in their personal preference section of their care plans. Neither person was offered or provided with this preference.

People's care records contained information about their individual likes, dislikes and care preferences. People could not confirm that they had been involved in the care planning process. One person said: "I like my daughter to deal with that for me, she comes here most days". Another person said: 'I haven't discussed it with anyone yet".

Staff told us and we saw that many people had high dependency support needs and totally depended on staff to support them with daily living. We saw that people required the support of two staff at all times. Staff busy attending to people's complex care and support needs were not always able to respond in a timely way to the needs of other people. One person told us they sometimes experienced delays in getting the staff support they required and said: "It's very difficult sometimes when you're waiting to go to the toilet and you're crossing your legs!'

People told us they enjoyed the leisure and social activities that were provided. One person told us the varied activities they enjoyed: "Well, I do my knitting and that keeps me occupied, a lady comes and does physical exercises in the chair. People come in to sing to us and girl guides visit. We do flower arranging and we make cakes, I like making cakes, I like eating them as well!' People told us they enjoyed the regular visits from the local clergy of various denominations each month. People who stayed in their rooms for the majority of their time received regular visits from the activities coordinator to help them from experiencing social isolation.

The activity coordinator was very inventive with the activities they facilitated and included virtual cruising from country to country. People were involved in plotting out various cruises on a large wall map, moving from port to port on the chosen route and using stickers to do so. This activity involved not only the following and plotting of each stop but also the themed areas involved such as the traditional food and dress that would be adopted at each of the various ports in accordance with were it was, for example a burger bar and line dancing for the USA. One person said they really enjoyed this activity. This was imaginative, innovative and involving for the people able to participate.

People told us they would speak with their family or the staff if they had any concerns or complaints regarding the service. Two people told us they were unaware of how or to whom they would complain. One person said: No, I don't think I would make a complaint, I wouldn't like to get anyone in trouble and there are always two sides to every story". Staff told us they would act on behalf of people if people passed any complaints directly to them. They would pass concerns to the registered manager who would then deal with

the issue. The registered manager told us they were in the process of reviewing the complaints policy and procedure and when this was completed it would be distributed to people and positioned in various areas around the service. The registered manager told us no complaints had been recently received.

Requires Improvement

Is the service well-led?

Our findings

We found that risks to people's safety and wellbeing were not being managed or monitored .Some records we saw needed more information to ensure that care and support were provided in a safe and consistent way. For example, people were not receiving drinks or pressure area care in a reliable or safe way. Risk management plans were not being followed to adequately reduce the risks to people. Audits and checks carried out in these areas did not identify the inconsistencies and so reduce the risk and ensure people's safety.

Satisfaction surveys were sent to health professionals, staff, people who used the service and their relatives at intervals throughout the year. The registered manager confirmed these had not been sent as regularly as was planned during the past year. The reason given was the lack of senior staff impacting on the time and work load constraints of the manager. However, a recent survey to relatives was sent and some returned with comments relating to the parking facilities at the service and the improvements needed. The registered manager told us this had been discussed with the service providers who were looking at the possibility of making some improvements.

The registered manager told us and we saw that audits and checks were completed at intervals throughout the year. We saw that an audit had been completed each month for accidents or incidents that had occurred at the service. The registered manager told us any themes or trends relating to these incidences were quickly identified and action taken to reduce the risk of recurrence. For example, the use of assisted technology provided to alert staff that a person had got out of bed and who was at risk of falling due to mobility problems. Assistive technologies such as motion sensors ensure that people retain an appropriate level of independence and freedom, whilst simultaneously alerting staff that people may need assistance.

The registered manager and the operations manager told us that a new system for monitoring the quality and safety of the service was being introduced and due to start as soon as the new documentation was available at the service. The registered manager was then responsible for completing checks and audits at various times during the year, this would then be checked by the operations manager and further checked by a quality monitoring officer within the company.

People told us they liked and respected the registered manager. One member of staff said the registered manager was supportive, approachable and willing to help. A person who used the service told us they knew the registered manager and said: "The manager is always available if needed; she's a very nice woman and wears blue". Another person told us that improvements have recently been made in relation to the service and said: "Oh yes lots of things have changed and there are now more things to do". Another person told us they were 'perfectly happy and contented' and wouldn't like things to change too much.

The registered manager completed the provider information return (PIR) and logged the plans to improve the service. Information in the PIR records that care plans will be updated using new documentation, to provide person centred care to people and to develop staff skills in this area. However at the time of the inspection not all people were provided with individual care that fully met their care and support needs. The

new provider will introduce unannounced visits for compliance officers and monthly managers meetings. All new systems implemented at the service will be evaluated in three months' time to ensure the planned improvements are being made.

The service previously lacked consistency in how well the service was led and managed. Considerable changes to the service have taken place with a change of provider, new manager, extended management team and the recruitment of a deputy manager, nurses and care staff. The new provider's operation manager offered an assurance they would work collaboratively and closely with the registered manager to effect the changes that are required to ensure people were provided with a safe and quality service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way. Regulation 12 (1) (2) (a) (b)