Loxley Health Care Limited

St Marys Nursing Home

Inspection report

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Date of inspection visit:
05 December 2016
06 December 2016

Date of publication:
09 January 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 5 and 6 December 2016 and was unannounced on the first day, which meant no one connected to the home knew we would be inspecting the service. This was the first inspection since the care home was registered under this provider in November 2015.

St Mary's Nursing Home is situated near the centre of Doncaster. It can accommodate up to 56 older people in two separate units, however one of the units is closed. The remaining unit provides accommodation for people who require personal or nursing care. At the time of our inspection 28 people were living at the home.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People who used the service, and the visitors we spoke with, told us they were happy with how care and support was provided at the home. They spoke positively about the staff and the way the home was managed. We observed staff supporting people in a caring, responsive and friendly manner. They encouraged people to be as independent as possible while taking into consideration any risks associated with their care.

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified any potential risks to people and plans were in place to ensure people's safety.

We found medicines were stored safely and procedures were in place to ensure they were administered correctly.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had received training in these subjects and people who used the service had been assessed to determine their capacity to make decisions and if a DoLS application was required.

There was enough skilled and experienced staff on duty to meet people's needs. A robust recruitment system had been undertaken, which helped the employer make safer recruitment decisions when employing new staff. At the beginning of their employment staff had received a structured induction into how the home operated, and their job role. They also had access to a varied training programme that met the needs of the people using the service.

People were provided with a choice of healthy food and drink, ensuring their nutritional needs were met. The people we spoke with said they were very happy with the meals provided and confirmed they were involved in choosing what they wanted to eat. We saw lunchtime on the day we visited was a relaxed and enjoyable experience for people who used the service.

People's needs had been assessed before they went to stay at the home and we found they, and their relatives, had been involved in the planning of their care. However, their involvement was not clearly evidenced in the care files we checked. The care files we looked at reflected people's needs and preferences so staff had clear guidance on how to care for them.

People had access to activities which provided regular in-house stimulation, as well as occasional trips out into the community. People told us they enjoyed the activities they took part in.

There was a system in place to tell people how to make a complaint and how it would be managed. We saw the complaints policy was easily available to people using and visiting the service. The people we spoke with told us they had no complaints, but said they would feel comfortable speaking to staff if they had any concerns. When concerns had been raised they had been investigated and resolved in a timely manner.

There were effective systems in place to monitor and improve the quality of the service provided. Where shortfalls had been identified by the management team in their audits, action had been taken to address them. However, we noted the general environment did require some attention in places.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were knowledgeable about how to recognise signs of potential abuse and safeguarding reporting procedures.

Assessments identified risks to people, and plans were in place to manage any potential risks.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications safely.

Is the service effective?

Good

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest.

A structured induction and training programme provided staff with the knowledge and skills they needed to meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice. The people we spoke with said they were happy with the meals provided.

Is the service caring?

Good

The service was caring.

People were treated with respect, kindness and compassion. Staff respected people's preferences and ensured their privacy and dignity was maintained.

We saw staff took account of people's individual needs and preferences while supporting them.

Is the service responsive?

Good

The service was responsive.

People had been encouraged to be involved in care assessments and planning their care. Care plans reflected people's needs and preferences.

People had access to a varied in-house activities programme and occasional outings into the community, which they said they enjoyed.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with the management team.

Is the service well-led?

Good

The service was well led.

People we spoke with told us the registered manager was approachable and took into account their ideas and opinions.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

St Marys 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 5 and 6 December 2016 and was unannounced. The inspection was undertaken by an adult social care inspector. A local authority contracts officer was also carrying out an assessment of the home on the days we were inspecting the service.

Prior to the inspection visit we gathered information from a number of sources. For instance, we looked at the information received about the service, including the provider information return (PIR). 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 also looked at notifications sent to the Care Quality Commission by the registered manager.

At the time of our inspection there were 28 people using the service. As part of this inspection we spent time with people who used the service talking with them and observing the care and support provided by staff, this helped us understand the experience of people who used the service. We also looked at documents and records that related to people's care, including two people's care records. The local authority contracting office also gave us feedback from two care files they looked at. We spoke with seven people who used the service and three visitors. We also spoke with the tissue viability nurse who was visiting someone using the service.

During our inspection we spoke with the registered manager, the regional manager, two nurses, two care workers and the administrator, as well as speaking with the activities co-ordinator and kitchen staff as they went about their work. We also looked at records relating to staff and the management of the service. This included reviewing staff rotas, the training matrix, five staff recruitment and support files, medication records and quality audits. The local authority contracts officer also shared information they found during their audit of the service.

Good

Is the service safe?

Our findings

Care and support was planned and delivered in a way that promoted people's safety and welfare. The care records we sampled showed processes were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Visitors and staff we spoke with told us they felt the home was a safe place to live and work. Staff were knowledgeable about the potential risks people may be vulnerable to and knew how to keep them safe. For instance, we saw staff helping people to move around the home safely, using aids or verbal guidance.

Policies and procedures were available regarding keeping people safe from abuse and reporting any concerns appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. Staff had received training in this subject as part of their induction and at periodic refresher courses to keep their knowledge up to date.

We also saw safeguarding concerns, accidents and incidents were closely monitored by the management team. For instance, we found evidence of accidents being followed up and action being taken to minimise a recurrence. This included changes being made to people's planned care and reports being submitted to the health and safety executive when applicable.

The registered manager told us there were no staff vacancies at the time of the inspection. They said a dependency tool, along with their knowledge of individual people, determined how many staff were on duty at any one time. During our visit we saw people's needs were met in a timely manner and the people we spoke with said they felt there were enough staff on duty to meet people's needs.

We found a satisfactory recruitment and selection process was in place. We checked five staff files to ensure the correct process had been followed. The files we sampled contained all the essential pre-employment checks required. This included at least two written references [one being from their previous employer] and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We found the rooms used to store medicines were small but secure, with access restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs, which are medicines controlled under the Misuse of Drugs legislation. Medicines which required cold storage were kept in a medicines fridge within the medicines store room. We found both fridge and room temperatures had been recorded daily to make sure they stayed within the required temperatures.

On the second day of our inspection we observed the nurse administer the lunchtime medication. They did this in a safe manner following the company's policy and procedure. We also checked six medication administration records [MAR]. We saw medicines had been given as prescribed and on the whole records had been completed correctly. However, we noted on a few occasions staff had failed to record the reason

why a medicine had not been administered, on the reverse of the MAR. We also saw a few times when staff had not signed the MAR to acknowledge they had given the prescribed medicine, but stock balances of the medicines we checked were correct. The registered manager told us they had identified this in the past and would address it again with staff.

On the first day we visited we found protocols were not in place to guide staff as to when and how to administer 'when required' [PRN] medicines. We discussed the benefits of having this information available with the registered manager. The next day we saw they had produced a PRN protocol form which they said staff would complete as soon as possible. Following our inspection the registered manager confirmed work had commenced on the forms, which they said would all be in place by the week commencing 19 December 2016.

Either nurses or senior care staff administered medications. All staff responsible for administering medicines had completed appropriate training and were subject to on-going refresher training and observational competency assessments, to ensure they were following company polices. We saw evidence that MAR were audited regularly to ensure all the required information was completed. The registered manager competently described the actions they would take to address any shortfalls found.

Good

Is the service effective?

Our findings

The people who lived at the home, and the visitors we spoke with, told us they were happy with how staff delivered care. They said they felt staff had the knowledge and skills to meet people's individual needs. One person gave us examples of how staff had provided reassurance to them regarding a new medical concern they had. They added "The carers and nurses are wonderful; they can't do enough for you."

When new staff started to work at St Mary's they had undertaken a structured induction. This entailed completing the home's induction record and the company's mandatory training. This included topics such as moving people safely, health and safety, food safety and safeguarding vulnerable people from abuse. The registered manager said new starters also shadowed an experienced staff member until they were assessed as competent and confident in their role.

The registered manager told us staff who had recently been recruited already had a nationally recognised qualification in care so they were not required to complete the Care Certificate introduced by Skills for Care. However, they said the certificate would be completed where applicable. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff told us the majority of training undertaken was e-learning or workbooks, with specific training such as the safe moving and handling of people being a face to face session. We saw staff had received initial training relevant to carrying out their role, with regular refresher training as needed. We looked at five staff files and found they contained certificates for training courses completed. Topics covered included, food hygiene, health and safety, first aid, moving people safely and safeguarding people. We also saw competency checks were carried out on a regular basis for subjects such as the safe administration of medicines and record keeping.

Staff we spoke with told us they were well supported by the management team. They said they had regular supervision sessions and an annual appraisal of their work performance. This was confirmed by the records we saw. One care worker said they felt well supported adding, "The training matrix identifies when training is due and the manager puts it on the staff board and talks to you about it. Then she follows up to make sure it's been done."

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). DoLS is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We found staff had received training in these subjects and understood their role in ensuring people's best interests were met. We also saw care records provided information about people's capacity to make decisions.

Policies and procedures on these subjects were in place and we saw guidance had been followed. We saw that when appropriate applications had been made to the DoLS supervisory body and applicable documentation was included in people's care files.

Food and drink was provided to people in sufficient quantities to ensure they received a healthy balanced diet. People told us they completed a meal option form each day to choose what they wanted to eat. People we spoke with said if they did not want the planned menu they could request an alternative.

We observed lunch being served on the first day of our inspection. We saw some people chose to eat in the dining room, while others preferred to have their meal in their own room. Meals taken to people in their rooms were served on a tray with the plates covered to keep the food hot and protect the meal. The dining room had a relaxed atmosphere and we saw tables were nicely set with tablecloths, cutlery, flowers, the menu for the day and condiments. There was also a pictorial menu board in the dining room to help people understand the choices available.

The meal was nicely presented and looked appetising. People were offered a choice of hot and cold drinks throughout the meal. We saw varied portion sizes were served to meet people's individual needs. All the people we spoke with said they enjoyed their meal. A relative told us, "The food is acceptable; they choose daily and can have different alternatives." Another person said, "The food is great."

People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. Staff ensured people received the diets and assistance they needed. They took time to check people had eaten enough and offered them second helpings and more to drink. Where people's food and fluid intake was being monitored we saw the monitoring forms had been satisfactorily completed.

We saw people were offered snacks and drinks throughout the day. This included hot and cold drinks and snacks such as biscuits and fruit.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. The registered manager told us a GP visited the home every Monday to routinely see anyone who needed to see them. They said they, or another doctor from the surgery, also visited as and when required. The care plans we looked at demonstrated that people had also accessed other professionals, such as district nurses, speech and language therapists and chiropodists. During our inspection we also spoke with a tissue viability nurse who was instructing a care worker in massaging someone's limbs to help their circulation.

We completed a tour of the home and found that most areas were kept clean and tidy. However, we saw that in some areas the home's décor and furnishings were in need of attention. The registered manager was aware of the improvements needed and said they had identified them to the maintenance person so they could prioritise the work needed. Garden areas were suitably designed, with patio and seating areas.

Good

Is the service caring?

Our findings

We found there was a homely atmosphere at the home with friendly banter between staff and people living at the home. We observed a care worker singing a duet with someone living at the home, and they both looked as if they were really enjoying it. People told us staff supported them in a friendly, caring and inclusive way. On person commented, "I am very happy with the care here."

During our visit we spent time in communal areas and people's bedrooms talking with people who used the service and their visitors. The atmosphere in the home was very welcoming and relaxed. It was evident that staff knew people well and maintained a good relationship with their families. People looked well-presented and cared for. We saw staff interacted positively with people and demonstrated a caring and responsive attitude to supporting them. From conversations we overheard between staff and people who used the service it was clear they understood people's needs, how to approach them and when people wanted to be on their own.

There was a stable staff team that demonstrated a very good knowledge of the people they supported. They knew what people liked and didn't like, but understood that people sometimes changed their minds and wanted to do something different. Throughout our visit we saw that staff maintained people's privacy and dignity by closing doors when providing personal care and speaking to them quietly when discussing sensitive subjects.

Our observations, and people's comments, indicated that staff respected people's decisions. Relatives we spoke with confirmed that they, and their family member, had been involved in planning the care and support staff provided.

We found people's needs and preferences were recorded in their care records. For instance, whether the person preferred a male or female care worker to deliver their care and what time they normally liked to get up and go to bed. A member of staff told us, "The care plans tell us what people like, such as do they use soap, and how they want their person care provided, everyone's different."

We also saw a 'This is me' document had been used to record topics such as people's likes and dislikes, their history before coming to live at the home, their preferences, their hobbies and interests and the people who were important to them. Where healthcare professionals were involved in supporting people files contained additional information. For example, we saw one file had a summary of information provided by the palliative care team, this helped staff to care for people in the best way.

We saw a 'Religion and Faith Resource' file was available in the reception area which included information about different faiths and cultures, such as Hinduism, Judaism and Islam. This provided people living, visiting and working at the home with useful information about these topics.

We saw people chose where they spent their time, with some people choosing to stay in their rooms while others sat in communal areas, and staff respected these decisions. Relatives we spoke with said they could

visit without restriction. We saw visitors freely coming and going as they wanted during our inspection.

Good

Is the service responsive?

Our findings

People we spoke with said they were happy with the care they, or their family member received. They were complimentary about the way staff delivered care and support, and felt they were responsive to people's needs.

We saw interactions between staff and people using the service was very good and focused on the individual needs and preferences of the person being supported. Care workers offered people options about their meal or where to sit, as well as providing the food, drink and support they knew were preferred. Call bells were answered promptly and staff were available when people needed support. Staff we spoke with demonstrated a good knowledge of people's preferences, which were recorded in the care records.

Care records contained assessments of people's needs, which had usually been carried out before they had moved into the home. Staff told us this information, along with information they collated from the person themselves or relatives, had been used to help formulate the person's care plan. People we spoke with confirmed they had been involved in the care planning process, but we found this was not evidenced in the care files we sampled. The registered manager said they would ensure people's participation was consistently recorded in the future.

People's care files contained detailed information about the areas the person needed support with and any risks associated with their care. For instance, one file outlined how the person was at risk of falling and gave staff guidance on how to minimise the risk. Files contained detailed care plans which provided staff with good guidance about each person's needs and their preferences. We found care plans and risk assessments had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made if required

Daily records had been completed to a high standard; they contained good descriptive information about topics such as the person's general well-being, their sleep pattern that night and their abilities to help themselves.

The home employed specific staff to facilitate social activities and stimulation. We saw a programme of activities displayed near the dining room which included reminiscence therapy, arts and crafts, and pampering sessions. Staff told us people also enjoyed attending the hairdressers and occasional outings into the community. We also saw a map of the world was pinned on a wall entitled 'A trip down memory lane'. The registered manager explained that people had been taking part in a 'world cruise' where they identified places they had visited in the past. They said staff then discussed the places and it had been arranged for them to taste dishes from each country visited. They said people had enjoyed taking part in the activity.

Staff described how the activities coordinator spent time on a one to one basis with people, especially those who were cared for in their rooms, but this was not very well documented. Therefore we could not determine how often these one to one sessions took place, and the benefits people got from them. We

discussed this with the registered manager who said they would reiterate to staff how important it was to record all activity and stimulation that took place, and the outcome for people taking part. An activity coordinator told us they took part in monthly telephone conferences with other coordinators in the company and communicated through a social media site. They said both of these were used to share ideas between the different homes.

People told us they enjoyed the planned in-house activities. They said they also enjoyed the outside entertainers that visited the home. Staff told us some people had also been on occasional shopping trips and to visit the local wildlife park. The home's newsletter outlined planned activities for Christmas which included a Christmas fayre and party, a visit from the local school to sing carols and entertainment from a Celtic dance group.

The provider had a complaints procedure which was available to people who lived and visited the home. We saw eight concerns had been received over the past year. Each had been recorded with the detail of the complaint, what action was taken and the outcome, including any letters sent to complainants. We also saw several thank you cards had been received and people had written in a book in the reception area thanking staff for the care and support they had delivered.

People we spoke with told us they were happy with the service provided and had no complaints, but they said they would feel comfortable raising any concerns with the registered manager or any of the staff if they needed to.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People we spoke with said they were happy with the care and support provided, and how the home was run. When we asked people who used the service if there were any areas they felt could be changed to improve the service provision no-one could think of anything. Staff were also complimentary about how the home was run. They told us the registered manager was approachable and listened to their opinions and ideas. One care worker said, "The quality of care is good since the manager took over, with lots of improvements. She listens to me and sorts things out."

During our inspection staff were well organised and the staff team, which was led by a nurse and a senior care worker, worked efficiently to meet people's needs. The registered manager told us they had an open door policy and spent time round the home each day to check how things were running. One member of staff commented, "She [the registered manager] is always walking round checking things. She is available to staff, encourages feedback and works alongside them [staff]."

Periodic surveys, feedback forms, group meetings and care reviews had been used to gain people's views on how the home was running. There was also a book in the reception area where visitors could share their opinion of the home. We saw the 12 entries recorded over the previous 12 months were all complimentary. One person had commented, "Visit on a regular basis and always made to feel welcome. Very friendly and staff are very approachable." Another person had written, "Staff have been amazing and so lovely. Thank you for all the help you gave my [relative]."

A local authority contracts officer shared with us the outcome of questionnaires returned to them by 11 relatives and two staff as part of their assessment of the home. These contained mainly positive responses. Four areas were identified as areas they felt could be improved. These included better communication between staff, staffing levels and the security of the front door. The contracts officer shared this feedback with the registered manager. However, we found no evidence to show any of the issues identified were an issue at the time of our inspection.

We saw various audits had been used to make sure policies and procedures were being followed and to monitor any areas where people living at the home may be at risk, such as weight loss. These had been carried out periodically by the registered manager or staff working at the home, as well as members of the company's compliance team. These included general health and safety topics, equipment checks, care files and medication practices. This enabled the management team to monitor how the home was operating and staffs' performance. Where shortfalls were found action plans had been devised to address them. We also saw 'Resident of the Day' assessments had taken place. The registered manager explained that these involved speaking to the person and checking things such as their care file, activities they had taken part in and their room, to make sure everything was in order.