

Vishomil Limited

St Winifred's Nursing Home

Inspection report

89 Crowtrees Lane
Rastrick
Brighouse
West Yorkshire
HD6 3LR

Tel: 01484720100

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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 

Summary of findings

Overall summary

About the service:

St Winifred's is a nursing home located in the Brighouse area of Rastrick, West Yorkshire and is operated by Vishomil Limited. The home is registered with the Care Quality Commission (CQC) to provide care for up to 38 people.

People's experience of using this service:

Improvements were required to the storage, recording and administration of people's medication. We also observed several environmental risks which had the potential to cause harm to people. These included unlocked sluice room doors and access to electrical cupboards. Although there were enough staff on duty, communal areas were left unattended for long periods at times throughout the day by staff. The feedback we received about staffing levels at the home was mixed, with some people telling us they had to wait for assistance.

We found some inconsistencies in the information recorded in people's care plans regarding communication and nail care. Record keeping needed to be improved, particularly regarding people's oral hygiene. .

People felt safe using the service and staff displayed good knowledge about how to protect people from the risk of harm. Appropriate staff recruitment checks were carried out and there were detailed risk assessments in place regarding the support people received.

People received the support they needed to eat and drink. Appropriate referrals were made to other health professionals where there were concerns about people's nutritional status. Staff told us they were happy with the level of training, support and supervision available to develop them in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We received positive feedback from everybody we spoke with about the care and support provided at St Winifred's. People said they felt treated with dignity and respect and staff promoted their independence as required.

Appropriate systems were in place to manage complaints. A number of compliments had been received by the service. Activities took place for people to participate in if they wished. People's end of life care wishes were also discussed and respected by staff.

Staff told us they were happy working at the service. Feedback about management and leadership was positive and there were opportunities for staff to discuss their work at monthly staff meetings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last inspection at St Winifred's was in December 2018. The overall rating was Requires Improvement.

Why we inspected:

This was a routine comprehensive inspection and in line with our timescales for re-inspecting services previously rated Requires Improvement which is approximately 12 months from the publication of the last report.

Follow up:

We will continue to monitor information and intelligence we receive about the service and will return to re-inspect in line with our inspection timescales. However, if any information of concern is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

Not all aspects of the service were responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Winifred's Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an Expert by Experience and a specialist advisor (SPA) who looked at medicines management practices within the home. An Expert by Experience is someone with personal experience of caring for people with similar care needs to those living at St Winifred's.

Service and service type:

St Winifred's is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We contacted Calderdale local authority for feedback about the service in advance of our inspection.

We did not ask the service to complete a provider information return (PIR) on this occasion. This is

information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with the registered manager, the clinical lead, two nurses, four care staff, the activity coordinator, seven people who used the service and two relatives. Documentation reviewed included five care plans, three staff personnel files, eight medicine administration records (MAR) and other records about the management of the service to help inform our inspection judgements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider did not have appropriate systems in place to ensure people received their medicines safely. Improvements were still required at this inspection and the service was still in breach of regulation 12 regarding safe care and treatment.

- Controlled drugs were not always stored and recorded safely. We found the controlled drug oxycodone stored in the medication trolley instead of in the controlled drugs cabinet as is required. An entry regarding this medication had also not been added to the controlled drugs register.
- Pain relief patches were sometimes given early, or late and not in line with the required timescales of seven days. Reasons why this had occurred were not documented.
- On the day of inspection the medication lansoprazole which contains the warning label 'take 30 to 60 minutes before food' was administered after the person had already eaten.
- Staff signed the medication administration record (MAR) before administration, which was contrary to the details in the medication policy and procedure. The medicines trolley was also parked which resulted in medicines being transported around the home by hand and being separated from the MAR and identification photograph of each person.
- Medicines were not always stored at the correct temperature; records indicated that the maximum temperature for the medicines fridge had been above 8°C on 18 different days in January 2020. Gaps in medicines room temperature records were also identified and were not recorded daily.
- Exact administration times were not recorded for those people receiving paracetamol containing products regularly. Some PRN (when required) protocols also lacked detail.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This meant there had been a continued breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. This was because appropriate systems were not in place regarding the proper and safe management of medicines

Assessing risk, safety monitoring and management; Preventing and controlling infection:

- Some environmental factors had the potential to place people at the risk of harm. These included sluice room (used to store cleaning products) and the electrical cupboard being easy to access because they were not properly secured.
- Each person using the service had risk assessments in place covering areas such as falls/mobility, waterlow (for skin), moving and handling and nutrition. Where risks were identified, control measures were detailed about how to keep people safe.

- People were supported to maintain good mobility and we saw they had access to equipment such as wheelchairs and zimmer frames as needed. Other equipment such as sensor mats were used when people were assessed as being at high risk of falls.
- Appropriate systems were in place to keep people's skin safe and we saw people used equipment such as pressure relieving cushions and mattresses to prevent any skin damage. Good relationships were also formed with both district and tissue viability nurses.
- Regular checks of the building were carried out to ensure it was safe for people to live in. These included gas safety, electrical installation, fire, emergency lighting and legionella.
- People were protected from the risks of the spread of infections. The home was clean and tidy and we saw domestic staff undertaking a range of cleaning duties throughout.

Staffing and recruitment;

- Although there were enough staff on duty, staff were not always deployed effectively throughout the home. Communal areas were left unattended for long periods at times throughout the day by staff, particularly in an area of the home known as Regency Suite. During these periods, we overheard people stating they were cold and would like a blanket. These were eventually provided when staff returned to the room.
- The feedback we received from people about staffing levels was mixed. One person said, "They don't always have enough staff to take me to the toilet and I have to wait until after my meal sometimes. I don't like it." Another person said, "There's not enough staff, but they do the best they can."
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong:

- People and their relatives told us they felt the service was safe.
- Staff confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns.
- A safeguarding policy and procedure was in place and provided information about how to escalate concerns. A log of safeguarding concerns was also maintained which had been submitted to the local authority for further investigation.
- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

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.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the deprivation of liberty safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had completed training regarding the MCA and had a good understanding of the legislation.
- Best interest meetings and capacity assessments were completed as required where people lacked the capacity to make their own choices and decisions. These were decision specific regarding people's understanding of certain areas.
- DoLS applications were submitted to the local authority as required where people were assessed as lacking capacity regarding their care and support. Staff understood when DoLS were required and under what circumstances.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. Staff who had not worked in a care role previously, completed the care certificate to give them a thorough understanding about the job required.
- A training matrix was used which showed the different courses staff had completed. Staff spoke positively of the training provided and said enough was available to support them in their roles.
- Staff supervisions were carried out and gave staff the opportunity to discuss their work and receive feedback about their performance. An annual appraisal schedule was also in place and these took place

throughout the year.

- The care and support people needed to receive from staff had been captured as part of the initial assessment process and was recorded within care plans. 'Pen pictures' were also completed for each person and provided an overview of their life history.

Supporting people to eat and drink enough to maintain a balanced diet;

- Staff supported people to eat and drink at meal times, as required. Where people were able to eat independently, this was promoted by staff.
- We saw people received food and drink of the correct consistency, such as pureed meals, when they had been assessed as being at risk of choking and aspiration. People's fluid intake records showed they received sufficient levels of fluids during the day.
- People's weight was regularly monitored. Where people had lost weight, they had been appropriately referred to other health care professionals, such as the dietician service for further advice.
- People told us they had enough to eat and drink and the feedback received about the food quality was positive.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People received visits and attended appointments with other services such as dentists, opticians and chiropodists as needed. Details of these visits were recorded in people's care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People who used the service spoke positively about the standard of care and support provided at St Winifred's. One person said, "I've never been happier, I love it to bits, it is relaxed and no pressure. I'm well looked after."
- Feedback from family members and relatives was also positive. One relative said to us, "The staff are very nice and kind to everybody. I can visit at any time." Another relative said, "Staff are friendly and seem to treat mum well and have a nice rapport with her."
- We observed lots of nice, pleasant interactions between staff and people living at the home. Staff were patient with people and allowed them to do things at their own pace.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- People who used the service and relatives told us staff always treated them with dignity and respect. We saw toilet doors were closed when in use, as were people's bedroom doors and windows when they were asleep. One relative said, "Mum always looks respectable when I visit."
- People's independence was promoted and staff observed people whilst they walked around the home using equipment such as zimmer frames to help keep them safe.
- People's equality, diversity and human rights needs were fully taken into account and detailed in their care plan.

Supporting people to express their views and be involved in making decisions about their care

- People who used the service were involved in the support they received. Annual feedback questionnaires were sent to people to gather their views about the service they received. The results of the service were then evaluated to determine any improvements that were required.
- Reviews of people's care took place and these ensured people had the opportunity to contribute to any changes to the care they received.
- Residents' meetings also took place, giving people the opportunity to say if they were happy with how their care and support was progressing.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
Meeting people's communication needs;

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information could be provided in different formats if required such as large print. Various easy read documents were used and contained pictures and symbols people could relate to and understand easier. Interpreter services were also available, although these were rarely required.
- People had communication care plans in place, however four of the five care plans we looked at did not provide details about people's sight, hearing and sensory equipment they may require such as glasses, or hearing aids. This meant staff would not have access to appropriate information about people's communication requirements.
- Each person who used the service had their own care and support plan in place which covered other areas such as capacity, personal care, eating and drinking, mobility and skin care. Some of these also lacked important information about people's care, particularly regarding nail care and the support people needed to clean their teeth/dentures.
- Record keeping relating to oral hygiene was also inconsistent, with gaps in personal care records noted. This meant we could not always determine people were receiving the support they required.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate record keeping being effectively managed. These issues put people at risk of receiving poor care and support. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- An activity planner was in place and was displayed on a notice board within the home. Activities on offer included visits from entertainers, gardening, chair exercises and ball games.
- Other occasions were also marked with activities and celebration included valentine's day, the Chinese new year, pancake day and VE day to reminisce about world war two.
- People were able to go on trips out into the local community, with people recently able to enjoy eating fish and chips on a nearby canal.
- During the inspection we observed arm chair activities taking place and the feedback we received from

people was that there was enough to keep them occupied. One person said, "There are activities after dinner. I enjoy them. All the games and bingo."

Improving care quality in response to complaints or concerns:

- Appropriate systems were in place to manage complaints, with responses sent where people had been unhappy with the service provided. A complaints policy and procedure was available and was displayed on the back of people's bedroom doors.
- A number of compliments had also been received, where people had expressed their satisfaction with the service provided and were on display in the main reception area.
- People knew how to provide feedback about the care they received, although people told us they had never had reason to make a formal complaint.

End of life care and support:

- No one was in receipt of end of life care at the time of the inspection. People had specific end of life care plans in place, although staff respected if this was not yet something people wanted to discuss.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, understanding quality performance, risks, regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- Audits were completed by both the provider, registered manager and clinical lead to ensure there was continuous oversight of the service. These were clearly documented regarding any findings and actions to take.
- Although a range of audits were in place, further improvements were required to ensure they were effective in identifying the concerns found during this inspection regarding medication and record keeping.
- The ratings from our last comprehensive inspection were displayed in the home so that people could see the standard of care being provided. A provider website was not in use at the time of the inspections.
- Statutory notifications were submitted to CQC as required such as DoLS applications, deaths, serious injuries and safeguarding concerns.
- Confidential information was stored securely and we saw documents such as care plans and staff recruitment files were stored in the main office which was always locked.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All the staff we spoke with told us they liked working for the service, with good teamwork throughout.
- We received positive feedback about the management and leadership in the service. Staff said they felt well supported and could approach management with any concerns. One member of staff said, "The manager is alright and I would say we feel well supported. Another member of staff said, "The manager puts his all into it and wants it to work. He is very fair with the staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Staff meetings took place in the service which gave staff an opportunity to discuss work and improve the service people received. Staff said these took place regularly and they felt able to discuss any areas of concern and improvements.
- A weekly manager's surgery was also held so that anybody could speak with the registered manager about specific concerns that week.
- A range of policies were available, as well as a statement of purpose and staff handbook. This ensured

people who used the service and staff had access to important information about procedures within the service.

- A list of staff on duty each was available in the main reception area. Photographs of the entire staff team were also on display including management, nurses, care staff and domestic staff.

Working in partnership with others

- The service had developed a number of links within the local community and worked in partnership with different organisations to improve the support people required. This included trips to local schools and church services held at the home.

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 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
Diagnostic and screening procedures	Appropriate systems were not always in place regarding the proper and safe management of medicines.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Appropriate systems were not always in place to maintain a complete and contemporaneous record in respect of each service user.
Treatment of disease, disorder or injury	