

Verulam Health Care Limited







Verulam House Nursing Home

Inspection report

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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	

Overall summary

This unannounced inspection was carried out on the 03 March 2015.

Verulam House provides accommodation and personal care for up to 50 older people. At the time of the inspection there were 42 people living in the home.

The service has 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.

Summary of findings

The provider had effective recruitment processes in place, and there were sufficient numbers of staff employed and they were deployed effectively on a day to day basis.

People were protected from avoidable risks and staff were aware of their duty of care to the people. Staff were trained to recognise and respond to signs of abuse. Risk assessments were carried out and reviewed regularly.

There were sufficient staff on duty to ensure the safety and welfare of people. Staff were appropriately allocated to ensure a good skills mix.

Medication was administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support, and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of choices available on the menus and people were supported to have sufficient food and drinks to meet their dietary needs.

People were supported to access other health and social care professionals when required. The people were supported to continue their relationships with their family members and friends.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People told us that they felt listened to and had their views and choices respected.

People were involved in the decisions about their care and their care plans provided information on how to assist and support them in meeting their needs. The care plans were reviewed and updated regularly.

The home was managed in an inclusive manner that invited comments from people, their relatives and staff.

The home had a system in place to assess, review and evaluate the quality of service provision.

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?

The service was safe.

People and their relatives told us that the home was safe.

Medicines were managed safely.

Staff were trained to appropriately meet people's needs. There were enough staff to provide the support people needed.

Safeguarding and whistleblowing guidance enabled the staff to raise concerns when people were at risk of abuse.

Good



Is the service effective?

The service was effective.

Staff had an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat sufficient and nutritious food and drink.

People had timely access to appropriate health care support.

The staff had received regular training, supervision to enable them to effectively meet the needs of the people they supported.

Good



Is the service caring?

The service was caring.

The staff respected people's wishes and choices and promoted their privacy and dignity.

We observed positive and respectful interactions between the staff and people who used the service.

The staff we spoke with demonstrated that they knew the people they supported well and that they understood their needs.

Relatives were encouraged to visit whenever they wanted.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and reviewed in a timely manner, and they were supported to follow their interests or hobbies.

Care plans were up to date and contained clear information to assist staff to care for people.

Care was delivered in an individualised manner.

There was a complaints process in place for people to use.

Good



Summary of findings

Is the service well-led?

The home was well led.

The quality systems in place recognised areas for improvement.

People who used the service and their relatives were enabled to routinely share their experiences of the service. This information was used to improve the service.

The staff were well motivated and felt that their views were listened to and respected.

Good



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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.

The inspection took place on 03 March 2015, and was unannounced. The inspection team consisted of two inspectors.

We reviewed other information we held about the service and this included a review of the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with seven people who used the service, six relatives, six care staff, two nurses and the manager. We also observed how care was being provided in communal areas of the home.

We looked at the care records for four people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service, and information on how the service was managed.

Is the service safe?

Our findings

During this inspection we found that the people who used the service were kept safe from avoidable harm. The home was proactive in recognising and where possible reducing risk to the people. All the people we spoke with told us that they felt safe. One person told us, "I'm safe here, as I always have been for the many years I have lived here." And another person said, "I never think of my safety, which means I must take it for granted." A third person told us that "The manager would make anyone feel safe." We saw that staff cared for people in a manner that was safe. The home had the appropriate equipment in place to move people safely. We saw the staff assist people to move in a manner that protected them injury and was safe for both the staff member and the person.

Staff had training in how to keep people safe from abuse. They demonstrated that they knew what abuse was and were clear that they were responsible for protecting the people they cared for. They told us that people's safety was discussed at all team meeting so that they remembered their responsibilities. People said that they would tell the staff if they didn't feel safe. All the people we spoke with said the staff were easy to talk to and that they would chat to them if they were worried about anything. The manager was aware of her responsibilities in promoting the safety of people. Our records show that safeguarding concerns had been reported to the CQC and the local authority appropriately. Staff were aware of who to report abuse to and how to escalate their concerns should they need to. They said that the manager was proactive in ensuring all staff were aware of their duty of care to report any concerns they have. This made it easy to raise any concerns they might have

We saw that the risk to people was identified and where possible reduced or eliminated. Risk assessment were personalised and were reviewed monthly or when there was a change in the person's needs. One person who found moving difficult and had to remain seated for most of the day, told us. "There is no chance of getting pressure sores here, they take care of me so well and keep checking on me. And another person said. "They have all the equipment with bells on to take care of us." And another person told us

that a ceiling hoist had been installed to ensure their care was delivered in as safe as possible manner. All of the people had been involved in making decisions around risks to them and had consented to these safety measures.

Risk assessments on the environment had been carried out so that risks such as trip hazards were identified and eliminated. There were emergency plans in place should the home need to be evacuated and staff were aware of what to do in the event of a fire. There was an ongoing maintenance plan to ensure the upkeep of the building.

The staff on duty were skilled in caring for the people and there was sufficient staff on duty to care for people in a safe manner. Staffing levels had been calculated using a recognised staffing tool that was based on the dependency levels of the people. People confirmed that, with very few exceptions, there was enough staff to ensure their call bell was answered promptly. We witnessed this throughout the inspection. Staff told us that the mix of nurse and care staff was about right.

Discussions with staff and a review of recruitment records showed that the provider had robust processes in place to check the employment history and identity of staff they intended to employ. This included references and a satisfactory Disclosure and Barring Service (DBS) check. The staff we spoke with told us that they were not allowed to work until all the pre-employment checks had been completed and their documentation was in place.

Medicine was administered by staff who were trained to do so. Their competency was checked on a regular basis. We saw that medication was ordered, stored and recorded appropriately. We observed the lunchtime administration round and saw that when people were offered their medication staff explained what it was for and gave the person time to take it at their own pace. The staff member took care to record the administration correctly and we saw that there were no gaps in the medication administration record (MAR). People were given a choice on where to have their medication administered, in their own room or in the communal areas. Controlled drugs were stored and recorded appropriately and when administered it was done by two staff members. A review of records showed that when medication was refused, clear and detailed records were kept on the MAR chart. If a person continued to refuse their medication, their GP was contacted so the person's

Is the service safe?

health could be assessed and monitored. Staff were trained to administer end of life pain relief through the use of syringe drivers so that people's pain relief medication could be better controlled.

Is the service effective?

Our findings

All but one of the people in the home were able to give consent to their care, and they told us that their consent was sought before any care or support was provided. One person said, “Staff had a really good understanding of their medical needs.” And another said, “This is a good home, staff know their jobs yet they always ask, it’s nice.” and “Of course they ask me.” We saw staff routinely ask people’s consent throughout the inspection. This included if they were ready to go to the dining room, or if they wanted to go to the sitting room or when it was time for their activity. Care plans were drawn up with the person and we saw that they were signed. One person we spoke with said, “I know exactly what’s in my care plan, the staff are here to care for me and that’s what they do.”

Where people did not have the capacity to consent to their care or treatment, we saw that mental capacity assessments had been completed and a decision made to provide care or treatment in the person’s best interest. This was in line with the requirements of the Mental Capacity Act 2005 (MCA). Staff told us that as the home did not care for people who were living with dementia so therefore there was no reason not to have a conversation on choice and provisions of care.

One person had an authorisation in place in accordance with the Deprivation of Liberty Safeguards (DoLS). Although only some of the staff had been trained in the MCA and DoLS all of the staff had a good understanding of their roles in relation to this.

Staff were trained and supported to care for people. This included regular supervision and appraisals to enable them to carry out their role effectively. Training included care of people who had pressure areas, moving and handling, first aid and food hygiene. The staff we spoke with told us that they received sufficient and relevant training for their roles, and we observed safe practices. For example we saw that staff assisted people to move safely. This included the safe use of hoists to assist people to move. The home had a very positive attitude to training and 23 of the 29 care staff had a nationally recognised qualification. There were plans in place for all staff to have one.

We saw that people enjoyed their food and that there was a variety of food available. The lunch menu offered two choices with other options available should people have changed their minds or forgotten what they had ordered. Staff were aware of people’s eating habits and knew how to tempt them to eat. We saw that people were assisted to eat at their own pace and in a manner that promoted their dignity and allowed them to have optimum nutrition. People were offered fortified drinks as appropriate. Drinks such as tea and coffee were available throughout lunch and we saw that this was very popular. The staff created a relaxed atmosphere through lunch and we saw people smile and chat with each other making lunch an enjoyable experience. Wine was available to those who wanted it. People told us that the food was good and they had food in abundance and at any time. One person said that they were hungry the night before and staff prepared a very nice snack for them, “Even though it was nearly midnight.” Kitchen staff were available for people to talk to, and to monitor if the food was enjoyed. The home provided for people’s dietary needs and wishes and this included providing an organic vegetarian diet when requested.

The provider used a Malnutrition Universal Screening Tool (MUST) to regularly monitor if people were at risk of not eating or drinking enough. Records showed that where people were deemed to be a risk of not eating and drinking enough, the provider monitored how much they ate and drank on a daily basis, and their weight was checked regularly. Where necessary, appropriate referrals had been made to the dietetics service and treatment plans were in place so that people received the care necessary for them to maintain good health and wellbeing.

People had access to health care professionals. We saw that their physical and mental health needs were promoted. People who were at the end of their life had access to professionals from the local hospice and the Mc Millan nurses to ensure their end of life was comfortable and where possible pain free. People had access to dentist, opticians and GPs. We saw that advice was sought from continence support nurses to ensure people maintained their independence for as long as possible.

Is the service caring?

Our findings

All of the people we spoke with told us that they were well cared for and that staff were caring, very kind and compassionate. We saw people were treated with dignity and that their privacy was promoted. People confirmed that staff were very careful to ensure their care was delivered in a manner that promoted their dignity and privacy. One person told us, "I love it here the staff are so kind and caring." Another said, "That we (CQC) were wasting our time here as it the best home ever. The staff are so kind and caring."

The staff we spoke with were knowledgeable about the people they supported and what was important to them. A person told us that they need assistance with one small task in the morning, and just when they are ready for the assistance they need, "The staff appear, they are psychic they appear just when I need them. They are my angels." A second person also commented on how staff are there just when you need them and said that care "Can't be better than that."

We saw that relatives were welcomed to the home and that they were free to make use of tea and coffee machines in the dining area. One relative told us that the staff listened to their relative and assisted them to make their own decisions. Another said that staff make fuss of them when they visited. We noted that there was a relaxed atmosphere in the home and we frequently heard people and staff laugh and share a joke. Visitors confirmed that this was part of the caring and friendly atmosphere of the home.

Staff were skilled in caring for people. We observed interactions that were kind and gentle. We saw that staff made eye contact with the person they were supporting, didn't rush the person and ensured they understood the person before they left them. People confirmed that they felt listened to and that their confidentiality was respected. Staff knocked on people's doors and waited for a response before entering.

Is the service responsive?

Our findings

People were supported to be in control of their lives. They told us that the staff assisted them to be in control of all aspects of their lives, and that their wishes were respected. One person said. "I am in absolute control, staff listen to what I want and I am able to take things week by week." Another said "There is no one bossing us it's just like home."

We saw that people's needs had been assessed and appropriate, easy to read, detailed, care plans were in place. This ensured that staff had the information to support people effectively. People told us that their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. The home had recently developed a 'thinking ahead' document in consultation with the local hospice. This was to assist people to have control over their care in the future should their health deteriorate so that they were no longer able to communicate their wishes and preferences. We saw that 'do not resuscitate' forms when used were completed by the appropriate professionals.

All people, where identified were protected from the risk of developing pressure areas through the use of appropriate equipment such as pressure relieving mattresses and cushions. The home had sufficient numbers of hoists to ensure people who needed hoists to assist their movement was available.

People confirmed that getting up and going to bed was at times that suited them. We saw that people were involved in drawing up their care plans and had signed to say the plan represented their care needs and wishes.

People felt listened to and they were encouraged to share their experiences. The home had many ways of consulting people on how the home was run, these included residents meetings, questionnaires and a residents committee where people had the opportunity to raise issues that concerned them. We saw that people's wishes were responded to, for example one person was distressed that their knitting club was about to close due to having no venue, the home stepped in and now the club meets in the home. Another person had an interest in history was introduced to a person with similar interests. A third person who wanted table tennis in the home now can play this twice a week. There was an Owl Club that offered entertainment many nights a week for those people who liked to stay up late. For those people who did not like to join in group activities, this choice was respected by staff, who maintained regular visits to these individuals during the day to stop them feeling isolated.

There was a complaints system in place and the details on how to make a complaint was available in communal areas of the home. One person told us that they had made a complaint and that the manager had put equipment in place to resolve the issues raised. We saw that the manager kept a record of complaints made and that these were investigated and responded to. An example of this was a problem with the hot water in part of the home. We were told by the manager and people that this was now resolved. Other people told us that they had not had any cause to complain. However, they said that they were comfortable with raising complaints with the manager should they need to. At the time of the inspection there were no outstanding complaints in the home. We saw that the home had many complements on the care provided.

Is the service well-led?

Our findings

The service had a registered manager and there was a management structure in place to support staff. Staff said that the structure worked well and they knew their role and responsibilities within it. Staff told us that the manager was visible and promoted a personalised culture within the home by leading by example. Staff confirmed that morale was good and they felt well supported by the manager who was fair and would listen to them about any issues they were having. They told us that on a day to day basis the needs and wishes of the people were central to how the home was managed.

There were systems in place to capture and act on people's views in order to provide individualised care. These included an open door policy by the manager, regular reviews of care and welfare of people and the input from people who used the service and their relatives. All the people we spoke with told us that the manager was easy to talk to and that there were no worries about 'talking to her about anything at all.' We saw that the manager knew people, their needs and wishes. A formal questionnaire had not yet been sent out this year to capture people's views. However last year's showed that people were positive about the service.

The manager had a quality monitoring system in place. This was used to drive improvements in the care of people. For example she had recognised that people who were living with Parkinson's Disease were finding it increasingly difficult to get to their hospital appointments. In response she arranged for a Parkinson Clinic to be held in the home making it much easier for people to attend. There were

effective audits in place, these included audits of care plans, risk assessments and of the administration of medication. We saw that staff were provided with clear information to enable them to support people in the manner they wanted. These were reviewed monthly or sooner if the person's conditions changed. Incidents and accidents were recorded and investigated to enable the home to learn from them and to minimise the risks to people. For example action plans showed that safety measures had been put in place such as a ceiling hoist to keep the person safe while assisting them to move. We saw that people had appropriate safe footwear or walking aids such as Zimmer frames. We observed a handover between shifts and found that they were detailed and covered an overview of each person, even if there was no change in their condition. This assured that staff they were given all the information that was available and up to date, each day so that continuity of care was maintained. We saw that there was a staffing structure in place and that staff were aware of their responsibilities and accountability within the staffing structure.

Staff told us that they felt empowered to raise issues and told us that whistle blowing had been covered in training. Information on who to call was available throughout the home should they need to. They felt that there would be no need to use it as the manager would respond to their concerns, however should this change they would have no hesitation in using it.

People told us that any issue they raised were taken seriously and investigated. Because the manager was available and listened to concerns, these were sorted out straight away.