Sonesta Nursing Home Limited

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Inspection report

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Date of inspection visit:
21 July 2017

Date of publication:
06 September 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We inspected this service on 21 July 2017. It was an unannounced inspection. We last inspected the home on 9 March 2016 when we carried out a focused inspection. The previous comprehensive inspection was on 5 November 2015.

Sonesta Nursing Limited is registered to provide accommodation with nursing and personal care, diagnostic and screening procedures and treatment of disease, disorder or injury, for up to 32 people. The people living at the service are older people, many with dementia and physical health needs. There were 23 people living at the service at the time of the inspection.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We saw kind and caring interactions between staff and people living at the service on the day of the inspection. People and visitors confirmed staff were caring and attentive to their needs.

The service was clean throughout. We noted not all food was labelled in the fridge but the registered manager addressed this on the day of the inspection.

Staff received appropriate support through supervision and training, and told us they enjoyed working at the service.

Care records were up to date and described people's needs. Risk assessments were in place and gave detailed guidance on how to keep people safe.

The service accommodated and supported people well with complex physical health needs and health professionals spoke well of the nursing care provided to people living there.

Medicines were safely stored and administered.

We could see there were sufficient staff to meet people's needs on the day of the inspection. People and their relatives confirmed this was routinely the case. The service did not use agency staff to cover absences. This meant there was continuity for people receiving care.

The service followed safe and robust recruitment processes to ensure that only suitable staff were recruited to work with vulnerable people.

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. We found the service was working within the principles of the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was compliant in relation to MCA and DoLS.

The registered manager and senior nursing staff carried out a range of audits to check the quality of the service. These covered areas such as care records, medicines management, cleanliness and staff supervision. Completed quality assurance questionnaires from people living at the service, their relatives and professionals working with the service gave positive feedback on the care offered to people at 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 always safe. Food was not always stored safely.

Medicines were stored and administered safely.

Staff knew about safeguarding and how to report it.

Risk assessments were in place and provided guidance to staff on how to manage risks.

Is the service effective?

Good

The service was effective. Staff were supported in their role through supervision and training.

People were provided with good quality health care at the service and linked with other health professionals when required.

The service complied with MCA and DoLS requirements.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were kind and caring.

There was detailed information on people's life histories on their care records and staff understood people's likes and dislikes.

People were supported with their cultural and religious needs.

Is the service responsive?

Good

The service was responsive. Care plans were comprehensive and had been updated regularly.

Activities took place at the service, although people were rarely supported out of the service to do activities by staff.

There was a complaints process in place at the service and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led. The registered manager and senior nurse carried out audits to check the quality of the service and systems were in place to prompt management tasks.

People, their relatives and other professionals spoke well of the registered manager and staff, and there was a culture of openness at the service.

Sonesta Nursing Home Limited

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.

We undertook an unannounced inspection of Sonesta Nursing Ltd on 21 July 2017.

The inspection team consisted of two inspectors, one specialist nurse adviser and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we looked at information we already held about the service. We reviewed previous inspection reports for this service and reviewed notifications made to the CQC.

On the day of the inspection we talked with eight people using the service and three friends or relatives of people living at the service. We also talked with three care staff, two nursing staff, the nutritionist and the registered manager.

We looked at five care records, moving and handling and turning charts for six people. We also looked at five medicine administration records (MAR).

We looked at audits in relation to medicines, care plans and infection control. We looked at files in relation to Deprivation of Liberty Safeguards (DoLS), accidents and incidents, supervision and training folders. We also looked at the staff and residents' meeting minutes.

We observed people being supported to eat lunch, and we also inspected the building.

Following the inspection one health and social care professional and one additional family member

responded to our request for feedback on the service.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe living at the service. Comments included, "I knew this place before I came as I visited a friend who was here. I feel safe. Staff [are] very good. Got people around me. I'm never alone" and "The nurse came out to reception and I knew I would be looked after and there was a warm welcome when I arrived in the room. There were three nurses including the one who visited me in hospital, all round the bed saying welcome and smiling."

Relatives told us, "He is safe. Very comfortable and we are relieved as he used to live on his own. He fell when he was on his own. Now feel we can sleep at night without worrying about [relative]. It's peace of mind."

On the day of the inspection we observed staff wearing protective clothing where appropriate. The service was clean throughout and we could see from audits that the registered manager audited hygiene levels on a weekly basis. The service had been rated the highest food hygiene rating in January 2017. On the day of the inspection we found some food was covered but not labelled in the main fridge, and one food product was covered but out of date. We also found some food brought in by relatives the previous evening in a smaller fridge without the 'use by' labelling. We discussed this with the registered manager who evidenced, following the inspection, that they had held both a staff meeting and provided two training sessions to remind staff of the importance of food safety. The registered manager could also evidence they had been checking the fridge daily in the week following the inspection.

The service followed safe and robust recruitment processes to ensure that only suitable staff were recruited to work with vulnerable people. Records confirmed that appropriate references had been obtained, identity checks confirmed and criminal record checks had been completed prior to people starting work.

Medicines were safely managed and administered at the service. All staff received training on medicines, but only qualified staff dispensed medicines. Medicine Administration Records (MAR) tallied with stocks and had been completed accurately.

We found risk assessments were in place at the service and provided guidance for staff on how to minimise and manage risks. Risks identified included skin integrity, risk of falls and risk of choking when eating and drinking.

There were no recorded accidents or incidents at the service in the last 12 months.

Staff demonstrated a good understanding of the terms safeguarding and whistleblowing and were able to explain the steps they would take to protect people if they suspected them to be at risk of abuse and harm. Staff told us, "You may see a bruise, or sometimes people look upset",
"We check pressure areas and report" and "When we hoist, we check the sling, we check that the wheelchair is safe." Staff told us, "We must report everything, big or small." Records also confirmed that staff had received training on these topics which was refreshed regularly.

On the day of the inspection we saw there were enough staff to meet people's needs. There were six staff from 8am to 8pm, this included two qualified nursing staff. Overnight there were three staff on duty, one of which was a qualified nurse. One relative told us, "Staff all seem fine and there seems to be enough." Another said, "There are always people on duty. Plenty of staff around, jolly nice people." Staff told us, "We always have plenty of staff."

We checked records for gas, electricity and fire safety equipment. All had been serviced within the last 12 months and were considered safe. We could see from records that the fire system was checked weekly.

Good

Is the service effective?

Our findings

We could see that staff were supported in their role through a mixture of supervision and training. Training took place in key areas such as moving and handling, health and safety, fire safety, infection control, safeguarding, person centred care and MCA/DOLS. The majority of training was delivered by the registered manager and nurse manager who had both undertaken courses to enable them to train others. The nurse manager had also recently undertaken a high level advanced national courses in nursing. This included Advanced Practice for Nurses and a Level 6 course in Tissue Viability at a local university. This indicated a commitment to keeping up with best practice in nursing skills and knowledge, which was beneficial for people living at the service.

Additional training from outside health professionals had taken place at the service. This included incontinence, prevention of pressure sores, malnutrition and enteral tube (direct tube to stomach) feeding.

Supervision took place regularly and there was management oversight to check that all staff were being supervised. Appraisals took place for people who were in post for over a year and were carried out by the registered manager. Comments from staff included, "I do feel supported, supervision helps me to express myself", "The training here is very good" and "We get lots of training."

Care records evidenced people had access to external health professionals as necessary. People also accessed chiropody, opticians and the dentist on a regular basis.

We saw on quality assurance forms, one completed by a health professional stated, 'Exceptional care by nurses' and 'Very committed nurses'. The service provided nursing care to people with very high care needs. This included people being fed by PEG, a tube that feeds directly into the stomach, for people who cannot swallow, people on Warfarin that needed regular monitoring and people who remained in bed for all care. There were seven people at high risk of pressure areas and so had a turning chart to ensure they did not remain fixed in one place for a long period. None of these people had a pressure area. The staff had nursed people who had been admitted to the service with a pressure area who no longer had this issue.

One person told us, "When I first came I needed to be washed and dressed. They got rid of a pill that was upsetting and they got rid of the catheter which was always blocking and was painful. When they agreed they would not put it in again, two hours later I went to the loo and it was music to my ears."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had systems in place to apply for and renew DoLS applications.

At the last inspection we had noted that staff occasionally moved people without discussing this with them first to gain their consent. At this inspection we asked people if carers spoke with them to gain consent before providing care. One person told us, "Staff ask you a lot." We also heard staff asking permission to

move people or provide care. A health and social care professional told us they witnessed a staff member saying, "I am going to slightly move your chair so that I can support you with your drink" when they last visited. We were no longer concerned this was an issue.

People's consent to care and support was captured annually in a written declaration and a copy of this was held on care records. Where people no longer had capacity to provide full consent, their relatives were asked to sign the documentation.

Where a relative had registered responsibility with the Court of Protection for a person's finances or wellbeing decisions, documentation was kept on care records.

At lunch time people were supported with eating in a consensual way. For example, a member of staff asked a person if they wanted help in cutting up their food. Another member of staff helping a person eat a soft diet told them what each forkful of food was made up of. Staff were patient, ensuring each mouthful was finished before offering the next.

People were generally positive about the food. One person told us, "Very good. Like everything. Food good. Everything good so far. If you don't like you ask for something else and they give you. Food is good." Another person told us, "I like the food." A third person said, "Can't complain" when asked if they liked the food. Two people weren't sure they had much choice on a day to day basis of what to eat. We asked the registered manager about the food choices and she told us the menu was agreed in conjunction with the people living at the service and changed three or four times a year. There was also a choice of options on the day people could choose from. However, she agreed to discuss this with people at the next meeting in August 2017 to ensure they realised they had choices on a daily basis for meals.

Good

Is the service caring?

Our findings

We asked if staff were kind and caring. People living at the service told us, "They are kind. Not the kindness you buy. It is spontaneous. I am very happy." Another person told us, "All very nice. Very friendly. Can have a laugh and a joke." A relative said, "You could not fault the staff."

Care records included a section on people's personal histories and backgrounds. This helped staff understand who and what was important to people particularly those with memory problems who were no longer able to tell staff their life history.

People from a range of cultures were able to communicate in their own language as staff from the same culture were available .People's cultural needs were met by staff, and Halal meat was available to meet people's religious requirements. One person was facilitated to attend the local mosque once weekly. Another person who was of the Jewish faith was supported by a Jewish volunteer and their dietary requirements were met by the service.

People's birthdays were celebrated as were religious days of celebration including Christmas and the Islamic celebration of Eid.

At the last inspection we had noted that on one occasion staff had provided care to a person without engaging with them to let them know what they were doing. At this inspection we saw people being supported in a caring and patient way with staff always interacting with people they were supporting. Staff were able to tell us how they provided dignity and respect to people. For example a staff member told us, "If people don't want to be disturbed, we must respect that."

We also noted staff were attentive and aware of people's needs. For example, one person who ate very little at lunch and did not want to eat more was offered and accepted an ice cream. Another person who did not eat, was offered a sandwich which was also refused. She said she only wanted a cup of tea which was brought to her. Staff were aware of the importance of providing choice to people. One staff member told us, "When they are getting up we show them items from the wardrobe so they can choose what to wear." Another told us, "We use eye contact, if people are unable to speak."

People told us there were regular meetings for people living at the service and we saw from records that the menu was discussed amongst other issues.

We saw staff talking with people when they were in their presence, and staff were aware of people's interests. One person told us, "People know I like the Royal Family and give me books." Care records noted people's likes and dislikes and noted their preferred schedules, for example, when they liked to get up and go to bed.

The garden was well kept and accessible from the living room. People told us they went into the garden regularly in good weather. People's rooms were personalised with their belongings.

Care records contained choices and information on post death arrangements so people's wishes could be respected.

Good

Is the service responsive?

Our findings

Care plans were comprehensive and provided guidance for staff on people's needs and how to meet them. Care plans were up to date and had been reviewed on a monthly basis. There were detailed sections covering specific needs including personal care, oral care, incontinence, skin care and weight. End of life pathway information detailed people's wishes following their death.

People were supported with activities at the service. We saw routine activities included gentle exercises, music, bingo, personal shopping and going into the garden. People's health needs were complex. We noted organised activities outside of the service were rare, unless people were supported by family and friends. This meant a number of people did not leave the service except for health appointments. We discussed this with the registered manager who indicated good nursing care was the priority for her service.

People told us, "I like watching small animals on TV" and "I go in the garden on better days. I look at books." One person had a newspaper delivered, used their computer to research their family tree, and watched films on the DVD player which the service had bought for her. Some people chose not to participate in group activities. One person told us, "I join in very little. There is music every week or two, a nice man, but I don't sing. A friend comes and I go out to lunch in Hampstead on a Sunday."

A relative told us, "I bring her a newspaper and she gets a magazine delivered. She watches TV and plays bingo and darts and there is a music man ever two weeks. They also throw a ball and she is quite good at catching it."

A health and social care professional told us they saw staff understood well the needs of people they were supporting. People had key workers whose role it was to understand fully this person's needs and preferences. In their view the system was working well at the service.

There had been no complaints recorded in the last 12 months, but we saw many cards with complimentary comments thanking staff for supporting them, or their relatives offering thanks. We asked people if they knew how to make a complaint. They told us they did know but had not needed to complain.

One relative told us, "Anything asked for, they are accommodating." Family members told us the registered manager was accessible as she was at the service on a daily basis, and she was approachable. Relatives also confirmed they would feel comfortable making a complaint.

Good

Is the service well-led?

Our findings

Quality assurance questionnaires completed in the last six months showed a high level of satisfaction by both people living at the service, their relatives and allied professionals. People told us, "The [registered] manager is very approachable, she comes to talk to the residents every day" and "Yes. The service is well led. The manager has a knack of appointing very nice people. She has her finger on the pulse."

Family members also spoke highly of the registered manager and the service. One relative told us, "I know [registered manager's name]. She is in total control. Here every day. It is well led."

Staff were also very positive about working at the service and the registered manager. Comments included, "I feel very supported, the manager is very friendly, we can go to her with any concerns", "I like working here, it's like a family" and "It's a nice place to work, staff are very friendly."

We saw staff meetings took place regularly and staff had an opportunity to discuss their views on the way the service operated and how best to support people.

Quality audits took place in key areas including cleanliness and hygiene, medicines management and care records. Audits were completed by nursing staff and the registered manager spot checked audited information. If people had pressure areas their care was reviewed monthly or more often as required and the registered manager received feedback on pressure areas on a monthly basis. There were systems to prompt supervisions and appraisals and to remind the registered manager when working visa's expired. We could see there were suitable management systems in place to prompt manager oversight and involvement in the service.

A health and social care professional who worked closely with the service told us the registered manager always responded to requests for information in a timely way. They also added that the registered manager had taken appropriate action when dealing with any issues or concerns they raised, and if the registered manager was in doubt, they sought advice from the relevant organisation.

The registered manager told us they and their staff kept up to date with best practice through a range of activities including attending the local provider forum, reading journals, and attending training.