

Lifeline Nursing Services Limited

St Claire's Nursing Home

Inspection report

Birchwood Avenue
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Lincolnshire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 1 and 3 November 2016. Breaches of two legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

At the last inspection on 1 and 3 November 2016 we found that the provider was not meeting the standards of care we expect. This was in relation to the provider not taking into consideration the complex needs of people and there were insufficient staff to meet people's needs. Also people had not been involved in the formation of their care plans, which had not been updated or adhered to by staff.

We undertook this focused inspection on 1 June 2017 to check that the provider had followed their plan and to confirm they now met the legal requirements. During this inspection on the 1 June 2017 we found the provider had made improvements in the areas we had identified.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for St Claire's Nursing Home on our website at www.cqc.org.uk.

St Claire's Nursing Home provides care for people who require personal care. It provides accommodation for up to 40 people. At the time of the inspection there were 36 people living at the home.

There was not a registered manager in post. 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. The current manager had commenced her application to become the registered manager with CQC.

On the day of our inspection we found that the registered provider had ensured that sufficient suitably trained staff were available to meet people's needs. They had taken into consideration the complex needs of people and people's needs were reviewed on a regular basis so staff were working with up to date information.

People and where necessary their family or other advocates were involved in the planning of their care. Care plans were updated on at least a monthly basis. A new system was being put in place so staff could access information more easily in the care plans and accurately record information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

This meant that the provider was now meeting legal requirements.

The provider had taken into consideration the complex needs of people when looking at staffing levels.

There were sufficient staff to meet people's needs.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement ●

Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

This meant that the provider was now meeting legal requirements.

People, their relatives and where necessary other advocates had been involved in the planning of their care.

Staff ensured care plans were reviewed on a regular basis and were developing a new format to ensure information could be accessed more easily.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement ●

St Claire's Nursing Home

Detailed findings

Background to this inspection

We carried out an unannounced focused inspection on 1 June 2017. This inspection was completed to check that improvements to meet two legal requirements had been met. This was in regard to the provider not taking into consideration the complex needs of people when calculating staffing levels. Also that people were not involved in the planning of their care and staff were not keeping care plans up to date or adhering to them.

The provider told us improvements would be made after our comprehensive inspection on 1 and 3 November 2016.

We inspected the service against two of the five key questions we ask about services; is the service safe and is the service responsive. This is because the service was not meeting legal requirements in relation to those sections.

The inspection was undertaken by a single inspector.

We spoke with seven people, two relatives, one visitor, three care workers, the deputy manager, a cook, a member of the domestic staff and the manager. We also spoke with the project manager who was overseeing the home. We observed staff helping people throughout the day. We looked at records which included four care plans and associated charts, audit records, staff rotas and accident and incident records.

Is the service safe?

Our findings

At our previous inspection on 1 and 3 November 2016 we identified the provider had not taken into consideration the complex needs of people who used the service and there were insufficient staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 1 June 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 18 described above.

People told us their needs were being met. They said they could call on staff at any time of the day and night to meet their needs. One person said, "Staff very much meet my needs. I tell staff what I want them to do." Another person told us, "Yes, they look after me." People described to us how they felt in the last couple of months especially the meeting of their needs had improved. They used phrases such as, "generally ok" and "still look after me."

Relatives also told us staff were meeting their family member's needs, but at times the answering of call bells was slow. This was also confirmed by some people who used the service. People told us staff gave them an explanation if they could not attend to their needs immediately. We tested the call bells system. Staff answered the call bell promptly. The manager was looking into the computer system to see if a call bell audit could be produced, which they would review and pass on information to staff.

We saw that staff had reassessed everyone's needs and recorded the level of dependency of each person. This was reviewed on a regular basis and used with other records to calculate how many staff were required to meet people's needs. We saw this had been completed in January 2017, February 2017, March 2017, April 2017 and May 2017. We also saw the staff rotas for the last four week period. This showed the hours staff had worked, which tallied with the hours required to meet people's needs according to the manager's calculations. There had been a big reduction of agency staff use as new staff had been recruited. The manager had developed a form which showed when shifts needed to be covered. Staff wrote on the form their availability. Staff told us this had worked well and they preferred to pick up extra shifts rather than have agency staff in place for continuity for people who used the service.

We saw in minutes of staff meetings for April 2017 and May 2017 where workloads and staffing levels had been discussed. Staff told us this had given them an opportunity to express their views. They said they felt the manager and project manager listened to their concerns and requests and this was actioned through the recruitment of more staff and the input they had to the staff rota.

The manager and project manager were looking at staff absences. Where necessary staff had received extra supervision to support their needs. However, where staff had been absent without giving the management team an explanation, this was being addressed through the staff disciplinary process.

We looked at two personal files of staff who had been recruited since our last inspection. We saw suitable checks had been made with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with people prior to their employment. The provider had also ensured they had taken references from suitable people prior to the person starting work.

We observed during the inspection that staff went about their work in a calm manner. There was a lot of a laughter in the home between people, staff and visitors. People told us they liked the cheery disposition of staff. This was a totally different atmosphere from our last inspection when staff appeared fraught, task focused and rushed.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service responsive?

Our findings

At our previous inspection on 1 and 3 November 2016 we identified that the provider had not involved people in the formation of their care plans. The care plans had not been updated and staff were not adhering to them. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 1 June 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 12 described above.

People told us they were more involved in the planning of their care. They told us that they had either seen their care plans or staff had read them to them. Some people told us they preferred their relatives to read their care plans and they would contribute through their relative. We saw that this was recorded in certain people's care plans.

One person told us that after going through their care plan with staff it had identified a couple of areas where new goals could be set. They went on to tell and show us how this had improved their independence. We saw that two people, who had previously not sat out of bed for a long time were now enjoying time sat in a chair for short periods most days. One person told us, "Staff have encouraged me to sit out. I was nervous but did it. Now I am trying to sit out for longer periods." Staff told us that after a thorough review of those two people's care plans they had been given time to spend with them and had eventually those people had stated they would try sitting out. One staff member said, "It's a joy to see."

A relative told us that as they were the advocate for their family member and staff always involved them in the planning of that person's care. They said, "[Named relative] has got on so well." They knew staff kept notes on their family member and had seen the care plan. One person told us, "They leave it here for me to see. I don't need to see it. I trust what staff say. They know me. My needs are met." People told us they had received a document, only a few days before our visit. This was asking them for input into their care plans.

The provider had sent out letters to everyone resident within the home and relatives of those who could make decisions on behalf of others. They had set up meetings or people had replied to how much involvement they wanted in the putting together of the care plans. We saw three people had declined to have anything to do with their care plans and seven had written about items they would like included. We saw this has also been discussed at residents and relatives meetings for April 2017 and May 2017. There was also a resident's committee, made up of residents and staff. The minutes of the February 2017 meeting showed care reviews had been discussed. This showed the provider was taking into consideration the views of people.

The manager and staff told us all care plans had been reviewed and we saw a list of when those had taken place. Staff told us they were a third of the way through using new documentation for people's care plans. We saw a mix of new and old formats. Staff told us the new format was clearer to understand and made

accurate recording easier as the care plans were divided into sections. The care plans we saw were person centred.

We saw that where risk assessments were in place for needs such as weight loss and poor mobility that these had been updated on a more frequent basis. Staff were recording on food and fluid charts the frequency of meals and snacks taken. They were then referring back to the care plans and other information about each person to complete an assessment of what care and treatment was working. We saw that when necessary staff had used other agencies such as the hospital dietician to assist them in their assessment. Where equipment was in use, such as pressure mattresses staff had ensured they kept a log of when these had been serviced and cleaned. The reasons why such equipment was in use was clearly recorded in each of the care plans.

The provider had asked the care home liaison team to visit the home to review the Do Not Attempt Cardiac Resuscitation (DNACPR) forms. This was to ensure they had been correctly completed by other health professionals and if necessary that team would liaise with others. A failure to ensure the forms had been correctly completed could result in a person being resuscitated against their wishes or medical advice.

The manager told us that once all the care plans had been transferred on to the new documentation that an audit would take place. We saw the format form for the audits. To capture trends and themes the manager had commenced audits of accidents, weights and falls. Any actions required were given to senior members of staff to follow through. An example of this was to ensure a sensor mat was in place near a person's bed so staff would be alerted if they attempted to get out of bed unaided, when the care plans stated they had been made aware they required help.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.