Nellsar Limited

Princess Christian Residential and Nursing Care Home

Inspection report

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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?	Good

Overall summary

This inspection was carried out on the 1 May 2015. Princess Christian Residential and Nursing Care Home provides accommodation for adults who require residential or nursing care some of whom are living with dementia. The registered provider is Nellsar Limited. The accommodation is provided over three units. On the day of our visit there were 84 people who lived at the service.

The service had 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

People did not always have access to activities that suited their individual needs. Some people did not think there was enough to do, whilst others enjoyed the activities that took place in the service.

We have made recommendations that all aspects of the service need to be cleaned and maintained. There were areas around the service that were an infection control risk. Some of the chairs, equipment and tables in the communal areas had fluid and food debris over them. The large blind in one of the day rooms was splashed with fluid. Most of the carpets in the hallways and around the home needed vacuuming.

Health and social care professionals were positive about the staff team at the service.

Staff were kind and caring and people's privacy and dignity was promoted. Care provided was good and staff were knowledgeable about people's needs. One relative said "It is absolutely marvellous here, you can't fault anything

Staff had received appropriate training and supervision and staff underwent a detailed recruitment process before they started work. One relative said, "There always seem to be a lot of staff around."

People's safety was promoted and there were robust risk assessments in place to maintain this. Care plans and practice were reviewed regularly to ensure they were meeting the needs of people who were supported. One relative said "Staff are aware of (their family members) risk of falling. If (the family member) gets up, there is always a member of staff there to support (the family member)"

Accidents and incidents were reviewed by the manager to ensure any action needed to reduce the risk of recurrence was taken.

Medicines were managed safely and people received their medicines in accordance with prescriber's instructions.

Staff knew how to recognise and respond to allegations of abuse.

People were offered a choice of nutritious food in accordance with their dietary needs. The chef was knowledgeable about people's dietary requirements and staff assisted people to eat where needed. People who were at risk of not eating or drinking sufficient amounts had their intake and weight monitored.

The design of the environment helped people living with dementia to be as independent as possible.

Complaints were recorded and responded to in a timely way. There was a complaints policy and a system of logging the complaints and learning from them.

Effective audits of systems and practices were carried out. Where concerns had been identified these were addressed. Records were maintained in a clear way.

People and their relatives felt that the service was well managed. Staff felt supported and motivated by the manager. Annual surveys were sent to people and relatives and there was evidence of what action needed to be reviewed as a result of the survey.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and

where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service. The manager and staff were familiar with their role regarding MCA and DoLS.

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?

Requires improvement

The service was not always safe.

Some parts of the service were not clean. In most parts of the service there was good infection control.

People were supported to ensure their needs were met safely.

Staff knew how to recognise and report allegations of abuse.

People's medicines were managed safely.

Staff who worked at the service had undergone a robust recruitment process.

Is the service effective?

Good

The service was effective.

People were supported appropriately in regards to their ability to make decisions.

Staff received supervision and the appropriate training.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

People and their relatives were encouraged to be involved in the planning and reviewing of their care.

Staff knew people well.

Is the service responsive?

Requires improvement

The service was not always responsive.

People's care was mostly responsive to their individual needs. However improvements were needed around activities to support people individual needs.

People and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

There were robust systems in place to monitor and manage the quality of the service.

Summary of findings

People, their relatives and staff were very positive about the registered manager, the deputy manager and the team.

There was an open, transparent and empowering culture in the service which put people first.

Princess Christian Residential and Nursing Care 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 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.

This was an unannounced inspection which took place on 1 May 2015. The inspection team consisted of three inspectors, one specialist nurse and an expert by experience in dementia care. 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 information was gathered and reviewed from notifications and 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. During and after the inspection, we spoke with nine people, 15 members of staff, seven visitors, one quality assurance manager from the local authority, one continence nurse, one Parkinson's nurse as well as the deputy manager and the regional manager. We spent time speaking to people and observing care and support in communal areas. Some people could not let us know what they thought about the service because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We looked at a sample of seven care records of people, medicine administration records, six recruitment files for staff, supervision and one to one records for staff, and mental capacity assessments for people. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this service was 9 August 2013 where we found our standards were being met and no concerns were identified.

Requires improvement

Is the service safe?

Our findings

There were areas around the service that were in need of cleaning and were an infection control risk. For example some of chairs, equipment and tables in the communal areas were not clean and had fluid and food debris over them. The large blind in one of the day rooms was splashed with fluid. Most of the carpets in the hallways and around the home needed vacuuming.

Cleaning around other areas of the service was effective and reduced the risk of cross infection. The small kitchenettes on each floor were clean as were the fridges and cooking areas. Staff understood their responsibilities around the cleanliness of the service. They said that the care staff were responsible for making sure that the kitchenettes were cleaned as they went along and that they were then deep cleaned in the afternoons.

People were protected from the risks of infection because there were effective infection control practices in place. We observed staff using gloves and aprons appropriately and staff talked through how they separated laundry to reduce the risk of spreading infections. The sluice rooms were clean and tidy and fit for purpose. Staff had received infection control training.

We recommend that the service consider current guidance in line with the Department of health infection control guidance for care homes.

People said they felt safe. Relatives felt their family members were safe at the service. One relative said "I have no qualms about leaving (their family member) here, I know he is safe, looked after and happy."

Staff were aware of their personal responsibilities for safeguarding people who used the service. They had an understanding of procedures they needed to follow in relation to reporting any incidents or situations which might put people at risk of harm. We saw from training records that all staff had received training in safeguarding and that future updates had been planned. There was a service safeguarding policy which staff said they had read and understood. There were flowcharts around the service reminding staff and people what they needed to do if they suspected abuse had occurred.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare. Risk assessments were up to date and complete and had been reviewed monthly or sooner if there was a change in the person's needs. Risk assessments included falls, manual handling, skin integrity and nutrition. One person had delicate skin which bruised easily. The risk assessment detailed careful handling and use of slide sheets to minimise this risk. Risk assessments had been changed to reflect people's needs. One person's manual handling assessments had been changed to reflect that two members of staff were needed to assist with moving. The nursing staff had a rota to make sure that risk assessments were reviewed and updated at least monthly. One relative said "Staff are aware of (their family members) risk of falling. If (the family member) gets up, there is always a member of staff there to support (the family member)" We saw several examples of this happening on the day.

The manager reviewed accidents and incidents to ensure all necessary action had been taken to promote the person's safety. Accidents, incidents and falls were well managed in the service. Falls were recorded and where needed, changes to care plans were made. For example bedrails were introduced to reduce the risk of falls to people if appropriate.

In the event of an emergency such as a fire each person had a personal evacuation plan and at each handover staff discussed these. There were also action plans in relation to other emergencies including equipment failure and fire safety.

There were sufficient numbers of suitable staff available to help ensure people's needs were met and to keep them safe. People told us that they were rarely kept waiting for assistance. Relatives also told us that staff responded promptly to requests for assistance. One relative said, "There always seem to be a lot of staff around."

Relatives also told us they thought there were always enough staff on duty including night time. We saw call bells were responded to promptly and staff had time to sit with people. A healthcare professional told us that they thought the staffing levels had improved significantly over the last year. Staff told us that there were enough staff available to provide cover for sickness and annual leave and that additional staff were brought in if there was a change in people's needs. One member of staff said that they found they were able to sit and spend time socially with people during the day. We saw examples of this during the visit.

Requires improvement

Is the service safe?

People could be confident that staff were appropriately skilled, experienced and fit for their role.

There was a robust recruitment procedure. This included a face to face interview, written references, criminal records check and proof of qualifications. We saw the manager kept a separate log of PIN numbers that ensured that nurses were correctly registered.

People's medicines were managed safely. We observed staff carry out a medicines administration round and they used a safe working practice. For example, medicines were not left unattended and people were told what they were being given. We saw records held were accurate and stock quantities were as recorded. Staff had received competency assessments by senior staff to ensure that they were following the correct and safe procedures. There was guidance available for staff where 'as and when required' medicine had been prescribed. This helped to ensure that people were receiving their medicines in accordance with the prescriber's instruction.

Good

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. They told us they felt staff were skilled in their role. One relative said, "The way they deal with some situations is wonderful." They said that the way staff understood their family member's needs was re-assuring to them.

People received their care from a staff team who had the necessary skills and competencies to meet their needs. Staff were positive about the training received and were able to tell us how they used it in their day to day role. One staff member said, "I feel we wouldn't give proper care if the training wasn't good." New staff members told us they were required to complete an induction programme and were not permitted to work alone until they had been assessed as competent in practice. Staff said they were supported by regular 'one to one' sessions and group supervision with senior staff during which their performance was reviewed and discussed.

We saw that one to ones were undertaken regularly between staff and management and where necessary group supervisions were undertaken with clinical staff. We found staff received regular training updates to support them in their role. Nursing staff told us that they had received specialist training such as administering medicines via syringe drivers. We saw from training records that staff had received this specialist training and that additional training had been booked for wound care, end of life care, blood taking and risk assessments. Staff received training in all areas which were important in their role. This included moving and handling, palliative care, risk assessments and dementia care.

Where necessary consent to care and treatment was assessed in relation to care planning, support and treatment. Staff were able to tell us how they ensured consent was obtained prior to support being given and were clear on what their boundaries were. For example, knowing it was not appropriate to force someone to have care or stopping someone going out. Staff had received training around the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a clear understanding of what the requirements meant in practice. For example, when to apply for an authority to deprive somebody of their liberty in order to keep them safe. Appropriate applications had been made to the local authority for those people who had any restrictions in place to keep them safe. For example, to enable staff to deliver personal care, and for when the use of lap belts in wheelchairs, bedrails or keypad locks were required.

People were supported to eat and drink enough and maintain a balanced diet. People and relatives said they enjoyed the food and were given a good choice of meals. There were menus for people to read and people who were unable to read were shown the meals to choose from. Staff supported people with meals either in the dining rooms or in their own room. Staff continually checked that they were going at the right pace for each person where they were supporting them to eat. After each meal staff completed feedback for the chef on what each person thought of the meal.

where people requested to stay in their rooms, frequent refreshments were offered. We observed meal times were unrushed and there was a pleasant atmosphere. staff were receptive to people when they wanted something different than the food or beverage offered. We heard staff offer a list of various food and drinks, which included supplement drinks to boost

nutritional intake. Comments from people included "That was lovely" and "The meal was super." One relative said "I get offered food to eat with (their family member), he has a cooked breakfast every day, he is getting a much more balanced diet here."

People who were assessed as being at risk of not eating or drinking sufficient amounts had records maintained of their intake and were weighed weekly. Each person had a nutritional risk screening carried out and care plans and risk management strategies were drawn up where any issues had been identified.

Where people had been assessed as being at risk of inadequate nutritional intake, we saw that dieticians and speech and language therapists had been consulted to help ensure people ate and drank sufficient quantities. A nutritional assessment showed that one person was losing weight and their appetite and action was taken to contact the GP involved.

Good

Is the service effective?

Relatives said that they family members saw their GP when they needed to and their health care needs were being met. One relative said “They (staff) organise physio for (their family member) which has helped, I cannot praise the staff here enough.”

People’s health needs were reviewed regularly and changes responded to in a way that promoted their health. We spoke with visiting health professionals after the inspection. We found that palliative care nurses, continence nurses and a Parkinson nurse visited the service when people needed them. People had easy access to their GP and staff contacted out of hours GP services when required. Health care professionals were positive about how staff supported people to maintain their health. One professional told us that staff responded well to advice they had given about people’s health needs and were able to answer any questions about the person concerned.

The environment was safe and well-designed for people living with dementia. The design of the environment of the service helped people with dementia to be as independent as possible. Chairs were arranged in social areas in small clusters that encouraged conversations as well as other quiet areas where people could sit if they wanted to. There was space to walk around

Independently inside the service and we saw people doing this throughout the inspection.

There was clear signage for people on the bathrooms and toilets and some rooms had a memory box outside to help orientate people to their own rooms. We spoke to the deputy manager about why not all people living with dementia did not have memory boxes outside their rooms. They told us that they had started doing them for all people but had stopped. They assured us that this would be completed for everyone. There was no evidence on the day of the inspection to suggest that people had difficulty finding their own rooms.

Good

Is the service caring?

Our findings

People and relatives said that staff were kind and caring. Comments from relatives included "Staff are lovely", "Nobody (staff) is ever too busy to talk to you", "It is absolutely marvellous here, you can't fault anything" and "I would recommend it to anyone."

People were treated with kindness and compassion by staff throughout the inspection. Staff took the time to acknowledge people either with a smile and a 'hello' as they were walking past or they sat with them talking. People said staff were caring towards them. Where people were anxious we saw staff reassured them and asked what was upsetting them. There were several instances of laughter, singing and chatting between staff and people which had a positive impact on people.

One person became quite agitated; a member of staff sat with the person and comforted them which helped relieve their anxiety. Staff said that they felt all of the staff were caring, one said "We know the residents well here, it is like one big family working here."

Staff told us that they read people's care plans before they provided any care. We saw staff doing this on the day. They said that this was encouraged by the registered manager to help them understand the person and who they were. Staff knew people well and understood them. They knew people's close gapbackgrounds and individual preferences. This meant that they could discuss things with them that they were interested in, and ensure that care was individual for each person. We saw instances of staff understanding what was important to people. One person liked to walk around the service and outside and always wanted someone with them. Staff supported this throughout the visit. One relative said "I feel that they know (their family member) and understand his background." An advocacy service was available for people who did not have family or friends to support them.

Staff picked up on details with people, such as observing when a person wanted attention from staff. People were able to choose where they spent their time, for example, in their own rooms or in one of the lounges. Staff promoted their independence, and ensured that people had the

items they liked and wanted within reach. People's family and friends were able to visit at any time, and to participate in their care if the person agreed with this. One relative said that when lots of the family visited on the same day the staff opened up other rooms in the service to accommodate them. Health care professionals said that the staff were caring.

Staff treated people with dignity and respect. We saw that they knocked on people's doors and waited for a response before entering. Personal care was given in the privacy of people's own rooms or bathrooms. Staff said they would draw curtains and use towels to protect dignity during

personal care. When people were being hoisted in the living areas large privacy screens were used to protect people's dignity. In one of the units all of the people were given plastic cups and plates which for some people were not needed. The deputy manager told us that there had been a risk of some people throwing their cups and plates but accepted that it shouldn't be assumed that all people would do this. They said that they were going to address this.

The registered manager had implemented the Gold Standard Framework to improve the quality of end of life care. Information was shared with the GP in relation to the care people needed to receive who were near to end of life. This gave the medical and nursing staff the opportunity to make sure that the person and or their family were able to participate in Advanced Care Planning if they wished.

We found evidence of Advanced Care Planning was present for people where appropriate and staff respected people's wishes. One person stated they wished to remain in the service for their care and another person stated that they did not want additional treatment. Information leaflets explaining the principles of the GSF were available around the service and in reception for people and families and friends to take. They explain the principles of the GSF, how it would improve the quality of care and how it affected the person's care. For example how physical symptoms were anticipated and controlled. We saw evidence of this in anticipatory prescribing for a person. The medicines prescribed were individual to that person's anticipated needs. One relative said "When (their family member) passed away, I could have not asked for better care for them, someone sat with (their family member) until the end."

Requires improvement

Is the service responsive?

Our findings

People were not always supported to follow their own interests. There were mixed reviews from people and relatives about the activities that were on offer. The activities board showed that there was something planned for every day of the week but we were told by people, relatives and staff that these did not always take place. One person said that they went out each week with their family but other than that there wasn't much to do. One member of staff said that trips out were planned well in advance and that the relatives often helped out, they said that they do try and give everyone a chance to go out. One person said "I can't go out like I want"

People who were living with dementia were not always supported with activities or interests specific to their needs. For example, there were areas of interest around one of the lounges for people. However these were placed behind chairs so people could not reach or were too high on the walls for people to notice. There were no separate seating areas with pictures or items of reminiscence for people to look at and handle. People were walking around the service looking for things to do and could have benefitted from having areas of interest to look at and handle.

We recommend that the provider seeks further guidance on providing activities that meet people's individual need for social interaction and occupation when living with dementia.

Relatives told us staff were responsive to their family's individual needs and they had been involved in planning their care. Relatives said they were always consulted with any

decisions relating to their family member's life. People and their relatives also told us they received good care and support. One relative said, "I am very involved in the care." They said that their family member could get agitated but staff responded to this well. They told us that as soon as something changed in their family's member's care they were contacted by the staff to update them.

People's care and support needs were closely monitored and updated on a regular basis so that any changes to their needs had been identified. Information was shared between staff at handovers each day. Staff told us they had access to and were familiar with information about people's needs and preferences. This included information about peoples' lives, their families, careers and individual preferences in how they would like to spend their time. Care plans were detailed and personalised and supported staff to meet individual's needs. For example, one person's care plan identified they liked to eat in the dining room with people and we saw that this was supported. Another person needed to have their leg massaged several times throughout the day and the records showed that this was done.

when people's needs had changed, staff had made appropriate referrals. This included, for example, to the dietician, GP and Parkinson nurse. Health Care professionals told us that there was continuity of care and they felt supported by the nursing team. One relative said "They call the GP for (family member) as soon as it's needed." Staff used a variety of methods to understand people's needs. For those that could not verbalise how they felt staff used pain charts.

On the day of the inspection 'Music for Health', 'Chair Exercise' and one to ones for people in their room were taking place. We saw that people participated and enjoyed taking part in the group activities. For those that did not want to take part they were able to move to a different area of the service. There was a multi-sensory room which was also used as a physio room when needed and there was a large cinema room with comfortable seating. Other activities included manicures, knitting and watching television. One relative said "I wanted (their family member) to watch the cup final and they (staff) accommodated this."

People and relatives told us if they were unhappy with any aspect of their care they would speak to the manager or the staff but they had no need to complain. Relatives told us that if they were unhappy with anything they would speak to the staff and would be very confident to raise any concerns with the manager. There was a complaint policy that was available for people on the notice board. We saw the last two complaints that had been logged and actions points raised that had now been addressed. The deputy manager said that any learning from complaints was discussed at handovers and team meetings and we saw the minutes of meetings that confirmed this.

Requires improvement

Is the service responsive?

The registered manager encouraged feedback from people living at the home, their relatives and friends. We saw that comments in the 'compliments folder' included 'Staff are exemplary', 'Always willing to help with a smile' and 'Always happy and nothing is too much trouble.'

Good

Is the service well-led?

Our findings

Relatives told us that the registered manager was supportive and that they could go to them with any concern. One relative said "The manager speaks to everyone and has lunch with people." Another told us that when they turned up one day the manager (who didn't know anyone was visiting) was dancing with one person in the lounge.

People were given the opportunity to be involved in the running of the service where possible. The staff actively sought the views of people and families in a variety of ways. Residents meetings were held and the minutes showed discussions about the food people liked and what they didn't like and the things people wanted to do. For those people who didn't like attending meetings staff sat with them to discuss on a one to one level. For those people who couldn't communicate verbally staff would pick up on the changes in the person's behaviour to understand their likes and dislikes. These changes in their behaviour were well documented in people's care plans. This meant any new member of staff would understand this person's wants and desires. In addition to this there was a 'residents committee' designed for people to have an influence on how the service ran. Two people from the committee attended staff recruitment meetings to help decide on any potential new staff.

People and relatives consistently told us that the registered manager always knew what was going on in the service and with each person living there. We were told that they were approachable and

always open to suggestions. People, relatives and staff told us that both the registered manager and deputy manager were in the service at key times such as early mornings and evenings, and they carried out night and weekend visits to ensure the service was running to a high standard. Each week the registered manager had an 'open surgery' to encourage people and relatives to have one to one conversations with them. Every three months people and relatives newsletter was available which included information about any changes in the services and up and coming outings.

The service was led by a strong, knowledgeable and experienced management team. We observed the senior staff providing guidance and leading the staff team. For example, on the day of the inspection there was an unexpected incident which was dealt with calmly and knowledgably by a senior member of staff. Staff told us the registered manager was supportive and adaptive and they felt that they could make suggestions about improvements to the service. One said "We do lots of campaigns here which the manager encourages me to get involved in like the dementia awareness week."

Staff were clear what was expected of them and nurses took ownership of their units. The management team had oversight of the service through audits, meetings and weekly reports regarding any issues in the service such as falls, bruises and incidents, to ensure all required checks were completed and action taken. Lessons learned from complaints, audits and incidents were shared by the manager through meetings and supervisions or relayed by the nurses during handover. The manager was dedicated to their role and had developed a very positive culture at the service. Their values and philosophy were clearly explained to staff through their induction programme and training. These included putting people first, developing staff through training and support and being open, honest and responsive. All the staff felt confident to raise any concerns to the manager or the deputy manager.

audits were undertaken around health and safety, care plans, medicines and the environment. An action plan was written and checked to make sure any concerns had been addressed. For example the care plan audit identified that the nutrition chart for a person had not been completed for that month. We looked in the care plan for this person and saw that this had now been done and the member of staff had signed the action plan to confirm this. From the environment audit, where any equipment needed replacing this was done and staff signed the action plan to say that it had been completed. Any learning from the audits was discussed at staff meetings and handovers.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.