Homerton University Hospital NHS Foundation Trust

Mary Seacole 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

Summary of findings

Overall summary

About the service
Mary Seacole Nursing Home is a residential nursing home providing personal and nursing care to 43 people aged 60 and over at the time of the inspection. The service can support up to 50 people.

Mary Seacole Nursing Home can accommodate 50 people across six separate units, each of which has separate facilities. One of the units specialises in providing rehabilitation to up to seven people in a separate unit and another accommodates people for respite care.

People's experience of using this service and what we found
Staff recruitment checks were verified by the provider, however, we have made a recommendation in relation to the availability of recruitment records.

People and relatives told us they felt safe at the service. People were protected from the risk of abuse or harm because staff knew the action to take should they suspect or witness any abuse. Risks to people were assessed and appropriately managed to ensure people received safe care. Appropriate infection control practices were followed by staff. Learning from incidents was discussed and shared with staff.

People's needs were assessed before joining the service. Staff felt supported and received training relevant to their role. People's nutritional and hydration needs were met by the service and their likes and dislikes considered. People had access to healthcare professionals to meet their health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated without discrimination and their cultural and religious needs respected. People and relatives told us staff treated them with dignity and respect and looked after them well. People were involved in their care and staff encouraged people to develop their independence as much as possible.

People received individualised care relevant to their needs. People's communication needs were documented in their care plan. People and relatives said they felt able to make complaints. People's end of life wishes were assessed and documented in their plan of care.

Systems for monitoring the quality of the service were in place and regular audits took place. Systems for analysing incidents/complaints and continuous learning took place to improve the quality of the service provided to people.

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

Rating at last inspection
The last rating for this service was good. (published 25 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Mary Seacole Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of an inspector, a specialist advisor specialising in nursing care and rehabilitation and an 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.

Service and service type
Mary Seacole Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy chief nurse, four health care assistants, two senior health care workers, two domestic assistants, three rehabilitation workers.

We reviewed a range of records. This included four people's care records, including care plans, risk assessments and 10 medicine administration records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at various quality assurance records and data in relation to complaints and incidents and policies and procedures.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse or harm because staff knew what action to take should they suspect abuse.
- People and relatives told us the service was safe and people were very well looked after.
- Staff completed training in how to keep people safe and knew how to escalate any concerns for people's safety and well-being.
- Staff completed training and most said they would not hesitate to whistleblow if they witnessed any poor care or abuse. Staff told us, "I would say if I see it [abuse]. I will tell the manager. I wouldn't like them [staff] to treat my mother like that."

Assessing risk, safety monitoring and management

- Risks were appropriately assessed and monitored to ensure people received safe care and treatment.
- Risk assessments covered areas such as, pressure ulcers, falls, incontinence, use of equipment and nutrition.
- A person at risk of falls had a risk assessment in place for bedrails. This assessed the risk of entrapment and risk of climbing over the rails. The bed was lowered to the lowest position and a crash mattress in place. This intervention had reduced the risk of the person being harmed from falling. This was confirmed by the person who told us, "I feel very safe with the rails in place and I am happy."
- Equipment used for assisting people with care, including hoists had been regularly serviced to ensure they were safe to be used by staff.
- Staff knew about risks posed to people and how to manage these to keep people safe.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. On the day of our visit we observed three staff serving meals in one unit. Although most people received their meals on time, we observed one person who waited for the member of staff to finish assisting another person before being supported.
- The registered manager and deputy chief nurse were aware of and had identified improvements needed at mealtimes. One of the ways was to involve relatives who visited during these times. This was confirmed by a relative visiting on the day of our inspection. The staff member working between units (floater) would also assist.
- The registered manager told us staffing levels were allocated on a ratio of one member of staff to four people who used the service. Staff were encouraged to work in pairs and there was one nurse who floated between all the units.
- We noted people on one to one had a staff member who sat with them throughout the day.

● Staff told us they felt there were enough staff on duty to meet people's needs.
● People generally thought there were enough staff on duty to meet their needs. Comments from people included, "There is enough staff. The nurses are regular," and "Sometimes the staff is not enough, for the physio." A relative told us, "There's enough staff every time I come here, I always see staff."
● Staff had been recruited safely and were subject to the appropriate pre-employment checks to ensure they were safe to work with people who used the service. This included carrying out the necessary Disclosure and Barring Service criminal record checks, a service used to check whether people had any convictions which might make them unsuitable for employment.
● However, records related to recruitment were not available but had been confirmed as being in place using the provider checking system. This meant not all records were accessible for reviewing at the service.

We recommend the provider considers the availability of recruitment records.

Using medicines safely
● Medicines were managed and stored safely.
● People knew about the medicines prescribed to them and how these helped to manage their health. Comments from people included, "I know what it is for: one for blood pressure, two for bowel movement. If I need painkillers for pain, I can ask," and "Three times a day, for diabetes."
● A relative told us, "Yes, from what I see given medication day and night and staff were able to tell me what they were for."
● There were robust systems in place for ordering, the storage, administration and disposal of medicines including controlled drugs.
● Records showed where necessary people had their medicines reviewed, such as when antibiotics [medicine used to treat types of bacterial infection] or 'as and when required,' medicines, such as paracetamol, were prescribed.
● Where people had medicine patches prescribed these were not currently recorded separately. Following our inspection this was immediately implemented by the service.

Preventing and controlling infection
● The environment was clean, tidy and free from malodour. During our inspection we observed domestic staff cleaning the home throughout the day. Cleaning schedules were in place and covered all areas of cleaning.
● People told us, "First thing in the morning and in the afternoon the room is cleaned," "In the morning they do my bed, they clean the floor and leave out my clothes for washing."
● A relative told us, "Every time always mopping when I come in the morning and cleaning daily. I see them [staff] wearing gloves and aprons."
● We observed staff using hand sanitiser and wearing gloves and aprons when providing care.

Learning lessons when things go wrong
● Systems were in place for recording and responding to incidents and accidents.
● Staff understood their reporting responsibilities in relation to incidents that occurred.
● The service took action to ensure any learning was shared amongst the staff team where there were concerns regarding staff practice.
● An example of shared learning was staff acted quickly when a person arrived at the service without their diabetic medicine. Staff accessed the medicine quickly from the district nurse and systems were put in place to prevent this reoccurring.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed prior to admission to the service and a care plan developed from this assessment.
- The pre-assessment was comprehensive and covered areas such as, nutrition, mobility, communication, psychological and emotional needs and religion/cultural background.

Staff support: induction, training, skills and experience

- People and relatives told us staff were skilled and knew what they were doing. One person commented, "Staff are friendly, regular and very good. I know everybody. I have a key worker (A person responsible for organising and coordinating care) I'm quite happy. The social worker comes around. So far, it's good. They know what they are doing."
- A relative told us, "Yes, they [staff] have more time and are more skilful, they are very professional at their job."
- Following the inspection, the service provided a training matrix. This showed staff had completed training in areas such as, infection control, moving and handling, safeguarding and health and safety. Staff also completed specialist training in dementia awareness.
- Staff told us they completed various training, and this helped them in their role. A member of staff told us, "We have to keep up with training."
- Staff were supported through regular daily handover meetings and supervision. The registered manager told us staff supervision had been identified prior to our visit as an area for improvement.

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

- We received mixed views about the food provided at the service. Whilst some people enjoyed the food, others did not. Comments included, "They know what I like. If there's some food I don't like they give me something else. At 8pm we get a cup of tea and biscuits," and 'Sometime I'm happy, sometime not. I don't know what the food is going to be every day."
- The registered manager told us the food was supplied by a company contracted by the provider. They told us there were food tasting activities involving families, people who used the service and staff. This was prepared off site and based on people's dietary requirements.
- We observed food being served and noted the temperature was checked before being given to people.
- People with special dietary needs had their needs met.
- We observed fresh water being placed in people's rooms throughout the day. Pureed meals were presented in a way that you could identify the different parts of the meal.

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

● Records showed people had access to health professionals to meet their health needs.

● People had their physical health monitored at least monthly and when required. This included blood pressure, pulse and respiration checks and weight monitored monthly. For example, one person with type 2 diabetes had their blood sugar levels checked monthly. This person also had regular foot care by the chiropodist and annual eye checks.

● One person told us, "When I have to go to the hospital one of them [staff] comes with me. I had a scan on my head and one of the ladies came with me. The appointments are booked." The same person told us, "A doctor comes here twice a week. They have looked after me very well." Another person said, "The nurses, the therapists, have been fantastic."

● Care plans documented people's oral health care needs, including how oral care should be done.

Adapting service, design, decoration to meet people's needs

● The building was well maintained, and the necessary safety checks carried out to ensure the premises were safe for people who used the service or visitors to the home.

● The environment met people's needs. A range of different spaces were available for people to participate in activities, socialise with others, spend time with visitors or be alone if they wished to. This included a pub themed room where people could go and sit with family members or friends.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Most people using the service had capacity to make decisions about their care. Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.

● The registered manager told us 12 people living at the home were subject to DoLS conditions to keep them safe.

● People were asked their consent before receiving care.

● A relative told us, "[Staff] always tells [person] what they are doing."

● Following our inspection, the provider submitted evidence of all DoLS applications which had been authorised by the local authority. These had been requested in line with the legal requirements under the MCA and DoLS.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed positive interactions between staff and people who used the service. Staff showed gentleness and patience in their approach. They knocked before going in people's rooms and greeted people in a respectful manner.
- People told us they were well treated by staff. One person told us, "The staff are very polite, respectful and treat us well." Another person said, "They wash me, dress me, everything. I'm very well looked after. I like the carers. Very friendly."
- The service considered people's needs, and their protected and other characteristics under the Equality Act, when providing care. The protected characteristics includes groups that are protected by existing equality legislation, such as, disability, gender reassignment, race, religion or belief and sexual orientation.
- Staff were aware of people's cultural and religious needs and understood how to care for them. For example, we observed one person was supported to eat the food of their culture.
- Staff told us they treated people fairly and without discrimination. A staff member told us, "I wouldn't treat anyone [who identified as lesbian, gay, bisexual or transgender] any different."
- The registered manager understood the importance of providing a service which supported protected characteristics in relation to the Equality Act 2010, "Care is care, no matter what. We encourage and celebrate Pride by making sure it is pride week. We expect staff to provide care with no prejudice."

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

- People were involved in making decisions about their care.
- A relative told us, "Yeah, they [staff] do, usually they give me advice, they will tell me. [Staff] emailed me with care plan. If there are any queries, they email me to give me the update. They show good interest in my [relative] to give [them] better care." Another relative told us they were asked what their relative liked, "I always go [away] they [staff] always ring me up."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated people with dignity and respect. One person told us, "The staff are very polite, respectful, treat us well." Another person told us, "The manager: we get on very nice. I respect him and he respects me. The manager and everybody treat me good. They have respect."
- Staff immediately addressed a concern raised during our visit, whereby the door was left open for one person who had been left exposed.
- A relative told us staff spoke in a respectful manner and treated them well.

● People's independence was encouraged and developed by the service. One person told us, "I get washed, dressed, they put me in the wheelchair." Another person told us, "I have not seen anyone [staff] who has not been supportive. I shower myself. They are there to assist me."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and included people's choices and likes and dislikes.
- People received care from staff who knew them well and understood their individual needs. One person told us, "When I first came here, I had pressure sores. They changed the bed. I haven't had pressure sores since. I feel I have made progress."
- Call bells were used to alert staff when people required help or support. Where people were unable to use their call bell, staff carried out regular checks on people. Records confirmed this.
- The registered manager told us they were working on a new electronic board system in order to have an effective system for detecting and responding to calls from people living at the home.
- Comments from people regarding staff response to call bells included, "They come very quick," "They come in a reasonable amount of time," and "It takes ages, half an hour."
- We found some areas of care were not always delivered in line with people's requests for care. One person told us although they received good care, their requests had gone unheard. The registered manager told us they were aware of the need to resolve the situation, but this had taken longer than expected.
- Another person had been receiving one to one care at night and their relative expressed concerns this was no longer being provided. The registered manager told us this person's needs were assessed and reviewed jointly with the funding authority, including any associated risks related to the person's health needs. This was documented in their plan of care which indicated one to one care was no longer required.

Meeting people's communication needs

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

- People's communication needs were documented in their care plan and clearly identified how staff should meet people's communication needs. For example, one care plan stated the person was not able to verbalise their needs but made a sound when they were in pain or discomfort.

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

- People participated in activities of their choice in the community and at the home. One person told us, "They always involve me with activities," Another person said, "They put me in the wheelchair and take me downstairs. I can watch films, play domino and darts."
- The home employed an activities coordinator and provided various themed activities. This included the

development of a music room and a reading room attended weekly by volunteers who read to people who used the service. There was also a pub theme where people could have the real experience of a pub environment within the home.
● The activities coordinator told us, "It was an opportunity for people to be together as a group and not to feel lonely. Some people feel very lonely in their room."

Improving care quality in response to complaints or concerns
● People told us they knew how to make a complaint, although most people we spoke with did not have any complaints. One person told us, "I can't complain. It's good 100%." Another person said, "No complaints, I speak to [registered manager]. "
● A relative told us, "So far there is no complaint, if there is something I don't like I usually tell the nurse one to one and then they would do it. So far there has been no need to do this. If anything I don't like I would speak to the nurse, if serious would approach the manager."

End of life care and support
● The registered manager told us following an incident, end of life care delivery had been more streamlined and fully documented, which meant a change in practice. The service now worked closely with the end of life coordinator and link nurse from Homerton hospital to ensure end of life care provision was fully implemented.
● End of life training was facilitated by the end of life coordinator and included symptoms management and identification of symptoms.
● Staff knew how to care for people who required end of life or palliative care. A member of staff told us, "You do the best you can, once you know you have done your best, you make people comfortable, they eat well and give them what they want."

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager told us, "I operate an open-door policy and concerns [are] addressed at point of raising it."
- People spoke positively about the registered manager and their approach. One person told us, "I get on very well with all the staff. No problems. The managers are very open. There's always someone to speak to. It's always been on a good foundation where you can get on. If I have a problem, I ring them. They come to see you."
- Relatives spoke positively about the registered manager and staff. A relative told us, "I have spoken to the [registered manger] once or twice. If I need to speak with someone I know where to go." Another relative told us, "Oh yes, [registered manager] is lovely, [they have] time for me. [They are] very good, dealing with a high stressful environment, very calm, very cheerful."
- Whilst we received mostly positive feedback from people, some relatives felt communication with staff could be better. A relative told us, "Although staff were doing a good job, there was minimal interactions and management was always in the office. It would be nice to have more human contact."
- Staff told us they worked as a team, a staff member told us they had been inspired to leave to study nursing and return to work in neuro-rehabilitation. They said, "The team here is very respectful and helpful no matter who you are. Over here you are treated as an equal. The manager's motto is, everybody counts irrespective of their grades." Another member of staff told us, "I love working here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager fully understood their responsibilities under duty of candour. They told us, "Anything that goes wrong when providing care you shouldn't hide, inform family, always involve the family, owning up to something you did not do right in process of providing care and resulted in harm, you are obligated to own up to it up and inform the family."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was responsible for the day to day management of the service, this included nursing and care staff and the delivery of care to people who used the service. Other aspects of the service such as building safety, ensuring DoLS applications were submitted and quality assurance were dealt with by other teams within the trust.

● This meant information related to the service, such as staff recruitment records were not readily available at the service. We made the registered manager, deputy chief nurse and interim head of healthcare compliance aware of this and the registration requirements related to adult social care.
● Audits were carried out to ensure the environment was safe for people who used the service. This covered, for example, health and safety checks and infection control. Other audits included, falls and pressure care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives were asked for feedback about the service. We reviewed information sent to us showing an analysis of feedback completed between January 2019 and January 2020. This showed mixed feedback about the service provided.
● A relative commented, "We are pleased with the care our mum received in the nursing home. Thank you to all the staff." A person who used the service commented, "I think there should be more activities going on in the home for my status. I think there should be a shorter waiting."
● The provider told us they had arranged meetings with family and next of kin, however, on each occasion no one attended. They continue to encourage feedback from relatives during visits to the home. This was an area they continuously looked for ways to improve. Records showed a meeting had been arranged for 21 March 2020.
● A focus group meeting held in February 2020 in the rehabilitation unit showed people had been involved in decisions about the running of the unit. This included discussions about how it was when they arrived at the unit. Comments included, "You have a mind of your own here," "I was so pleased when [service lead] said I could come," and "I got verbal information. It was very brief"
● Staff said they were able to contribute to the running of the service. Minutes of a meeting held in January 2020 covered areas such as, learning from complaints, mandatory training and residents' activities and engagement.

Continuous learning and improving care
● The service had an annual report in place, this outlined how the service was performing in various areas.
● There was learning from incidents when things went wrong. Records showed discussions about areas of the service where incidents had occurred were discussed and any learning from these shared with staff.

Working in partnership with others
● The service worked closely with health and care professionals across the provider services. Records reviewed confirmed this.