

Mrs A Shiels

Jesmund Nursing 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection on 27 and 28 June 2017. We previously inspected this service on 21 February 2017 at which time we rated the service 'inadequate' overall and for the two key questions relating to 'Is the service caring?' and 'Is the service well-led?'. We rated the other three key questions 'requires improvement'. We identified breaches of four regulations relating to safe care and treatment, dignity and respect, good governance and submission of notifications. In response to the February 2017 inspection we placed the service in special measures and took urgent action to protect people from the risk of harm. We undertook this inspection in June 2017 to reassess the level of risk to people's health and welfare.

Jesmund Nursing Home provides accommodation, nursing and personal care for up to 25 older people. At the time of our inspection 21 people were using the service, most of whom were living with dementia.

A registered manager was 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.

At this inspection we found significant improvements had been made, however, concerns remained in regards to the governance and management of the service. There were plans to improve the registered manager's auditing and checking processes but these were not in place at the time of inspection. There was a lack of robust procedures to ensure appropriate action was planned and taken to address any concerns identified in a timely manner.

Staff treated people with dignity and respect. Staff were responsive to people's requests for assistance and provided the help required to meet a person's needs whilst still enabling them to have some independence. Staff interpreted people's non-verbal communication and provided support in a kind and caring manner.

Risks to people's safety had been identified, reviewed and management plans were in place to mitigate the risks. This included environmental risks and risks associated with people's individual needs. Some risk management records did not include specific information about how risks were to be managed but there were plans to include this and staff were aware of how to support people safely. Incident reporting and recording had been improved to ensure all incidents and accidents were recorded and appropriate action was taken to support the individual, including liaising with the local authority safeguarding team when required.

There were sufficient staff to meet people's needs and safe recruitment practices were undertaken to ensure appropriate staff were employed. Staff received regular training to ensure they had the knowledge and skills to undertake their duties and meet people's needs.

Staff supported people with their nutritional and hydration needs. They liaised with healthcare professionals as required to ensure people's health needs were met. People received their medicines as prescribed. Staff provided people with the level of support they required and additional information had been obtained to ensure staff were able to provide personalised care. Staff supported people in line with the Mental Capacity Act 2005 and adhered to any restrictions included in Deprivation of Liberty Safeguards authorisations.

The provider had arranged for an additional performer to visit the service and the activities on offer had been increased to ensure people had opportunities to be stimulated and engaged. The provider had liaised with the Alzheimer's Society to obtain advice about how to adapt their environment to meet the needs of people living with dementia. An action plan was in place to make improvements to the environment but at the time of inspection these had not been undertaken.

The provider had worked with health and social care professionals from the local authority and the clinical commissioning group to help improve practices and had employed external consultants to further provide advice and guidance. Regular meetings were held with staff and people to obtain their views and opinions and these were taken on board when developing the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

However, we identified a continued breach of regulation relating to good governance. We will continue to monitor compliance with this regulation and liaise with the provider about the sustainability of continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Whilst improvements had been made some minor areas still required improvement in order to be safe. This included in regards to reviewing staff's criminal record checks, covert medicine arrangements and including details in some care records regarding risk management.

Nevertheless overall risks to people's safety had been reviewed, identified and risk management plans were in place. Staff were knowledgeable about how to keep people safe and incident reporting and recording had improved. There were sufficient staff employed and allocated to meet people's needs. People received their medicines as prescribed.

Requires Improvement ●

Is the service effective?

The service was not always effective. Some areas of the service still required improvement in order to be effective. The provider had sought advice to improve the environment to make sure it met the needs of people living with dementia. However, action had not yet been taken to make those improvements.

Staff had received a range of training and updated their knowledge and skills so they were able to undertake their roles and meet people's needs. Staff had a good understanding of the Mental Capacity Act 2005 and worked within the principles of the Act. People's nutritional and hydration needs were met and staff liaised with healthcare professionals to ensure people's health needs were met.

Requires Improvement ●

Is the service caring?

Improvements had been made and the service was caring. A dignity lead had been nominated and staff attended regular sessions to discuss how to maintain people's dignity and respect.

Staff spoke to people in a kind, caring and polite manner. They provided people with prompt assistance and communicated with people in a way they understood. Staff offered people a choice and respected their decisions. People's privacy was

Good ●

respected.

Is the service responsive?

Good ●

Improvements had been made and the service was responsive. The provider had increased the amount of activities on offer and arranged for an additional performer to visit people.

Care records had been updated and on the whole provided detailed information about people using the service. Further information had been gathered about people's life history and their interests, so personalised care could be provided.

A complaints process remained in place and any concerns raised were investigated and responded to.

Is the service well-led?

Requires Improvement ●

Some areas of the service remained not well-led. Robust procedures continued to not be in place to review the quality of service provision and ensure timely action was taken to address any concerns identified.

The provider had liaised with health and social care professionals, and recruited two external consultants to help them improve the quality of service delivery. Regular meetings were held with staff and people to obtain their views and opinions and these were taken on board when developing the service.

The provider and registered manager adhered to the requirements of their registration with the Care Quality Commission and submitted statutory notifications as required.

Jesmund Nursing 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 checked 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 on 27 and 28 June 2017. The inspection was undertaken by two inspectors.

Prior to the inspection we reviewed the information we held about the service and since our February 2017 inspection we were in regular contact with representatives from the local authority and clinical commissioning group (CCG) for feedback about the service.

During our inspection we spoke with two people and six staff, including the registered manager and provider, as well as the consultant providing support to staff. We reviewed three people's care records and two staff recruitment records, as well as the staff team's training, supervision and appraisal records. We reviewed medicines management arrangements and records relating to the management of the service.

Many of the people living at the service had advanced dementia and were unable to engage in meaningful conversations with us. Therefore we undertook general observations and used the short observation framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. After the inspection we spoke with four health and social care professionals who were providing support to staff. This included representatives from the local authority's commissioning team, the local authority's safeguarding team, the care home support team and the CCG.

Is the service safe?

Our findings

The registered manager told us, "We make sure we safeguard the residents. They are the most important people in the building."

At our previous inspection we found sufficient action was not always taken to ensure people's safety. Risks to people's safety were not reassessed in response to incidents that occurred and management plans to mitigate risks were not always observed. There was a lack of information in people's records about how to support people safely and a lack of documentation to evidence that checks were undertaken at the frequency required to ensure people's welfare. Staff were not always aware of the causes of people's bruises and injuries, where these had occurred and incident reporting procedures were not being followed.

At this inspection we found staff took appropriate steps to protect people's health and safety. Risk assessments were updated and reviewed at regular intervals and in response to any changes in their health. This included in response to the risk of falls, choking, malnutrition and pressure ulcers, as well as in relation to risks associated with specific needs including those associated with diabetes. Staff had worked with the challenging behaviour team to obtain further information about how to support people safely when displaying behaviour that challenged, and kept records of any behaviour displayed so any themes or triggers could be identified so plans could be put in place to prevent reoccurrence.

On the whole information was included in people's care plans about how to manage and mitigate risks to people's safety. However, we saw that in some instances details were missing in people's care records regarding the equipment required to support people with their mobility and the risk of falls. For example, for one person staff had identified that it would be beneficial to install a sensor mat in their room so staff knew when the person was up so they could support them appropriately in regards to the risk of them falling. However, this information was not captured in their care records. We also identified that whilst people's records contained information about the type of hoist they required and the level of assistance they needed from staff, there was no information about the size of slings or what colour loops should be used. This missing information had already been picked up through the care records audits completed at the beginning of June 2017 but was yet to be addressed. The registered manager informed us there were plans to make these improvements.

Incident reporting processes had been reviewed and improved. Detailed information was included about any incidents that occurred, how they occurred, any injuries sustained and what further action was planned to minimise the risk of recurrence. The registered manager informed us and we saw records that confirmed information relating to incidents was being shared with the local authority safeguarding team so any further action could be taken if required to further protect people involved. The registered manager was also aware of their responsibility to notify the CQC of any serious injuries so additional action could be taken when required.

Environmental risk assessments had been updated and improved to ensure they addressed all the risks present at the service. We saw this included the risks associated with trips hazards at the home and security

of the environment. Fire safety procedures were in place and fire alarms, extinguishers and emergency lighting was regularly tested. We identified at the inspection that water temperatures were being inadequately recorded and hot water temperatures were higher than recommended which posed a risk of scalding to people. During the inspection the management team assessed the risks of people sustaining scalds from hot water and took action. The provider liaised with a plumber to have thermostatic valves installed and they have since confirmed this work was carried out a few days after our inspection.

Staff were aware of their responsibility to safeguard people from harm and were aware of signs and/or behavioural changes that may mean a person was being harmed. Safeguarding adults procedures were in place and the registered manager was aware of their responsibility to report any safeguarding adults concerns to the local authority safeguarding team. A member of the safeguarding team visited the service regularly and was available to offer advice and training to staff. The health and social care professionals we spoke with told us they felt people were safe and there were no signs that people were being harmed or their welfare impacted.

There were sufficient staff to keep people safe and meet their needs. This included providing people with one to one support when they required it. One person said, "There are staff all the time coming in and out. You're not really on your own." Safe recruitment practices continued to be followed to ensure suitable staff were employed who had the skills, experience and knowledge to meet people's needs. Checks were undertaken prior to staff being employed including their eligibility to work in the UK, obtaining references from previous employers and undertaking criminal record checks. The provider did not have procedures in place to re-visit criminal record checks to ensure staff continued to be suitable to work at the service. We discussed this with the provider who informed us they would introduce procedures to ensure the ongoing suitability of staff.

Safe medicines management practices were in place. People received their medicines as prescribed and there were accurate records maintained of all medicines administered. One person told us, "I get loads of tablets." There were processes in place in regards to the ordering, receipt and disposal of medicines. Regular stock checks were undertaken and the stocks of medicines we checked were as expected. Protocols were in place where people were prescribed 'when required' medicines and for people who required covert medicines. Appropriate procedures had been followed regarding the approval to administer medicines covertly and we saw documentation had been signed by the GP. However, we saw that covert medicines arrangements were not in line with good practice guidance and covert medicine protocols had not been signed by the pharmacist. We spoke with the registered manager about this who informed us they would ask their pharmacist to sign the documentation to show it was safe for medicines to be administered in this manner. The pharmacist undertook regular checks on medicines management and undertook regular audits.

Is the service effective?

Our findings

At our previous inspection we recommended the provider consults national guidance on providing a dementia friendly environment. There was no clear signage or use of colour to help differentiate areas of the home to help people navigate around the service and some areas of the service were poorly lit. There was a lack of sensory stimulation or reminiscence objects at the service.

Since our February 2017 inspection the provider had arranged for representatives from the Alzheimer's society to visit the service and review each area of the building, to identify what aspects of the environment were suitable for people living with dementia and where this could be improved. We reviewed the report from the Alzheimer's Society and the provider had developed an action plan taking on board the advice provided in order to improve the environment and ensure it was suitable to meet people's needs. At the time of our inspection the provider had not implemented the advice provided but they had a clear plan to make the required improvements by September 2017.

Staff had the knowledge and skills to undertake their roles. Staff completed the provider's mandatory training including courses on moving and handling, food hygiene, dementia support, infection control, person-centred care, health and safety, medicines, continence care and the Mental Capacity Act 2005. In addition, since our February 2017 inspection staff had received additional training on end of life care, supporting and communicating with people with dementia and person-centred care. The registered manager told us they had also enrolled staff to undertake a more in-depth training course on delivering person-centred care associated with a local college.

Staff continued to receive regular three monthly supervision and an annual appraisal in order to reflect on their performance, the support they provided to people and to obtain advice from their seniors. The supervision sessions were also an opportunity for the registered manager to review with staff their skills and knowledge and, identified additional training needs when required.

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. The application procedures for this in care homes and hospitals are 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 were being met. Clear information was recorded in people's care records about their capacity to make decisions. The majority of people using the service were able to make day to day decisions but did not have insight into their needs and were unable to make

complex care and welfare decisions. Staff liaised with people's nominated individuals and appointees in order to make decisions within people's best interests'

The provider applied to the local authority for authorisation when they felt it was necessary to deprive a person of their liberty in order to keep them safe. We saw the DoLS process had been applied for each person using the service and staff supported people in line with the conditions of their DoLS authorisation.

Staff provided assistance to ensure people's nutritional and hydration needs were met. One person told us they enjoyed the food at the service and were "well fed" and "never hungry". Staff were aware of people's dietary requirements and provided appropriate meals for them. This included fortifying meals for those at low weight and providing pureed or fork-mashable meals for those who required it. Staff thickened drinks to protect people from the risk of choking. Staff regularly weighed people to identify any changes in their weight and liaised with healthcare professionals if they had concerns about a person's weight, or in regards to their nutritional and hydration needs.

The healthcare professionals we spoke with told us staff worked well with them and were proactive in liaising with them if they had any concerns about a person's health. A GP visited the service weekly and more frequently if required to review people's primary healthcare needs. The people we spoke with told us they were able to see a doctor if they were feeling unwell. Staff liaised with specialist healthcare professionals when required to support people's needs. This included both physical and mental health services. Staff also accompanied people to hospital appointments for any ongoing treatment they were receiving.

The provider engaged with the CCG to implement new ways of working to improve health outcomes for people. This included the introduction of a 'red bag' and specific documentation to assist a smooth transition when people required hospital admission and staff attending training offered by the CCG. We saw people's care records had been updated with the required documentation.

Is the service caring?

Our findings

One person told us, "Thanks to this lady [staff member], I'm alright." They also said, "The people that look after me are lovely people."

At our previous inspection in February 2017 we observed numerous instances where staff continued to not treat people with dignity and respect. Staff failed to respond appropriately when people needed help and assistance, and did not always respond in a timely manner to non-verbal cues which showed people needed assistance or were in discomfort. People's needs, including any continence needs, were not always met in a timely manner to ensure people's dignity was maintained. Staff did not always use appropriate language when speaking with people or about people. We observed staff not providing appropriate support that met people's individual needs during mealtimes.

At this inspection we found staff treated people with dignity and respected people's individual needs. Since our previous inspection the provider had nominated a 'dignity and respect' lead nurse and had developed this role. This staff member reviewed and observed staff's interactions with people and held mini training sessions to discuss with staff how to ensure a person's dignity was maintained. These sessions also gave staff the opportunity to discuss as a group what they were expected to do in certain situations. For example, what to do if a person was not eating their meal. Staff were reminded of the importance of respecting a person's decision and that whilst they should encourage people to undertake certain activities this could not be forced upon them. Staff were also reminded that when working with people with dementia it may be more successful to offer support at different times and come back to revisit the situation as often people's decisions may have changed.

Staff had received training from the challenging behaviour support team so they were better equipped and skilled to work with people when displaying behaviour that challenged whilst ensuring their dignity was maintained and their rights were respected. This advice also included information for staff about how to communicate with a person in order to reduce a person's anxiety, frustrations and displays of behaviour that challenged.

We observed staff treating people with dignity and respect. Staff spoke and interacted with people in a polite, friendly and caring manner. They used people's preferred names when speaking with them. We observed staff provided prompt support to people when they called for assistance and were quick to pick up on non-verbal cues which indicated a person wanted assistance. Staff identified if a person was uncomfortable either due to their position in the chair or due to the changes in the weather, particularly the hot weather, and provided assistance to ensure the person's comfort was maintained.

The provider had reorganised mealtimes. They provided a staggered approach to meals so that staff could provide dedicated time to people who required assistance. We observed staff providing assistance at a pace dictated by the person and staff kept the person informed of what food was being served and what they had put on each spoonful so the person knew what to expect. Staff respected a person's decision if they indicated they were full and did not want to eat anymore. Staff encouraged and enabled people to be as

independent as possible during meal times. This included supporting the person to get food onto the spoon but then allowing the person to do the rest for themselves. Staff offered people a break if they could see the person needed a rest and the mealtime experience focused on what the individual wanted and required.

Staff respected people's privacy and staff provided prompt support for example in regards to continence care and provided personal care in the privacy of the person's bedroom or bathroom.

Is the service responsive?

Our findings

At our previous inspection we recommended the provider review the service provision in line with national guidance to support the social inclusion, engagement and stimulation of people who use the service at the home and in the community, due to there being a lack of activities provision to ensure people were stimulated.

At this inspection we saw the provider had arranged for an additional musical performer to attend the service weekly to provide an interaction session combining music with little physical movements to increase the physical activity provided for people at the service. One person we spoke with commented they enjoyed the new performer and the activity provided. The provider continued to have an activities coordinator come to the service three times a week to provide a range of activities, including reminiscence work, as well as the regular weekly session by a musician allowing people to enjoy a sing along session. The registered manager had also provided care staff with ideas about activities they could provide to people on a one to one basis, including pampering sessions and creation of memory boxes. The registered manager assured us they would continue to build on the activities provision and opportunities for engagement and stimulation for people.

People received support with their care needs. Care records had been reviewed and updated to provide information about people's care needs and the level of support they required. The staff had plans to continue to develop people's care records to ensure they contained all the details staff required to provide people's care.

Additional information had been collected since our inspection about the people using the service, this included information about people's previous occupation, their life history and their family. This additional information enabled staff to further understand the people they were supporting and how this affected their behaviour. For example, one person was regularly up at night and had very disrupted sleep. From learning more about this person they discovered the person did not sleep in a bed when they were at home and preferred sleeping in a comfortable chair. Another person had regular visits by their family member. They looked forward to this visit. They told us they woke up anxious because they thought it was the day their family member visited and they were concerned they were late. Staff orientated this person to what day it was and that it was not the usual day that their family member visited, reassuring and calming the person.

Care plans were in place for people's individual needs, this included in regards to their mobility, personal care, continence care, their dementia and any other specific needs people had. Staff were knowledgeable about the people they supported and the level of support they required. Additional support had been provided by health and social care professionals to give staff additional knowledge, skills and advice about how to further support people to ensure they received high quality care that was tailored to their needs.

A complaints process continued to be in place. We saw that a complaints book was available in the communal area for people and their relatives to complete if they had any concerns or complaints they wished to raise. The registered manager told us they were also available if people wanted to complain

directly to them. A process remained in place to ensure any complaints raised were investigated and responded to. We saw that the few complaints that had been made, had been dealt with and responded to appropriately.

Is the service well-led?

Our findings

At our previous inspection the registered manager did not have a system in place to review and learn from key service information. They did not have any processes for reviewing incidents, complaints or data relating to people's needs such as infection rates or hospital admissions in order to identify themes, trends or learning from this data. The registered manager's care plan audits did not identify that people's records had not been updated in response to changes in their care needs. The registered manager also did not have any systems in place to review the quality of interactions between staff and people and to ensure people were treated with dignity and respect at all times. The provider had not taken sufficient action to meet the breaches identified at our previous inspection. They did not have effective systems to monitor the concerns, identify the action required to address those concerns or a clear plan about how that was going to be achieved.

At this inspection we found that improvements had been made to systems to review the quality of service provision, however, some of these checks continued to not be sufficiently robust to comment on the quality and appropriateness of service delivery, for example with the meal time audits. We also identified that whilst the registered manager told us about a new tool they had designed to help them to identify what checks and audits were required to take place on a monthly basis, this was not in use at the time of our inspection.

On the whole the registered manager and provider had identified through their checking procedures what needed improving in order to provide a high quality service. However, there was a lack of action planning about how these improvements could be made and within what timescale nor were there sufficient systems to prioritise actions. We saw that whilst there was an overall improvement plan which had been developed in liaison with an external consultant providing support to the service there were no improvement plans in regards to the findings of the audits undertaken and to ensure areas that have been identified as needing to be improved, were addressed.

The provider remained in breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Since our February 2017 inspection the provider had worked with the representatives from the local authority, the Clinical Commissioning Group (CCG) and community healthcare professionals to improve the quality of service delivery. The feedback we received from professionals working with the provider was that staff welcomed the support, were open to feedback and took on board any advice provided. One healthcare professional told us the provider and staff were open to change and had a willingness to improve. The provider said, "The input from the CCG has been a great benefit." The registered manager submitted monthly data to the CCG and LA with key information about the service so they were able to monitor the service and collect key intelligence information about people. This included information relating to falls, urinary tract infections, pressure ulcers, medicines reviews and deprivation of liberty safeguards applications.

The provider had also contracted an external consultant to provide advice and help them to improve practice and the quality of service delivery. At the time of our inspection the consultant was spending less

time at the service in order to enable the provider, registered manager and staff to start to implement the new processes introduced, to identify whether these were manageable and to give them the opportunity to further strengthen the management and leadership of the service.

The registered manager held regular meetings with staff and people to update them on the changes that occurred at the service, reflect on the improvements made and to ask them for any suggestions or comments they had about service delivery. Minutes showed that open and honest conversations were held at these meetings and all attendees had the opportunity to express their ideas and opinions. One staff member told us, "There have been a lot of changes. It is now a good atmosphere for the [care staff]." They also said the provider and registered manager "appreciate us and always thank us." The registered manager told us there had been team building and social evenings arranged with staff to help build on staff morale which they said had dropped since our last inspection. They felt this helped staff to continue to work as a team.

The provider asked people and their relatives to complete annual satisfaction surveys to comment on the quality of support provided. We saw the majority of responses showed people and their relatives were satisfied with the service provided. Comments included, "The staff are wonderful", "[Their family member] is receiving the best possible care", "I feel [their family member] is safe and well cared for" and "The staff are always caring, ready with a smile and understand the individual needs of the residents".

At our previous inspection in February 2017 the provider had not submitted statutory notifications to the CQC as required by law. This included in regards to serious injuries and applications to deprive people of their liberty. Since our February 2017 inspection the provider had submitted their statutory notifications about key events that occurred at the service in line with their CQC registration requirements.