

North London NHS Foundation Trust

Stacey Street Nursing Home

Inspection report

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Date of inspection visit: 2 & 9 July 2015
Date of publication: 06/10/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection was unannounced. The inspection took place on 2 and 9 July 2015. At our previous inspection on 28 May 2014 we found that the provider had made improvements regarding medicines management.

Stacey Street provides nursing care to 19 people with dementia and long term mental health difficulties. There were 18 people in residence at the time of our visit.

At the time of our inspection we found that a new manager had recently been employed at the service. The service had made an application to register this person with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. We saw from the records we looked at that the service was applying these safeguards appropriately and making the necessary applications for assessments when these were required.

People were supported in ways that were most appropriate for their needs and known wishes. On the day of the inspection we found sufficient numbers of staff were available to meet people’s needs. The staff rota showed that suitable levels of staffing were also provided at other times of the day.

We found that people’s healthcare needs were assessed, and care was planned and delivered in a consistent way. People using the service had endured long term mental health conditions and from the care plans we looked at we found that the information and guidance provided to staff was clear. Any risks associated with people’s care needs were assessed and plans were in place to minimise the risk as far as possible to help keep people safe.

Staff had the knowledge and skills they needed to support people. They received training to enable them to understand people’s needs in ways that were safe and protected people.

We found that the choice offered to people at meal times was limited. People were offered two menu choices but were not involved in planning the menu to ensure that people’s individual preferences were considered.

From our observations of interactions between staff and people using the service and from our conversations with a relative and health and social care professionals we found that people felt safe at the service. However, we did find that in some cases staff did not always engage and communicate with people in a way that respected their dignity.

Social and daily activities provided had begun to improve and work was being undertaken to ensure these met their individual needs.

People were able to complain or raise concerns if they needed to. We saw that where people had raised issues these were taken seriously and had been resolved appropriately. The provider also regularly reviewed the performance of the service to ensure that standards were maintained and improvements were made although more needs to be done to regularly seek views from people using the service.

We found breaches of regulations in relation to nutrition and dignity and respect. You can see what action we have asked the provider to take at the back of the full version of this report.

We have made a recommendation in relation to obtaining the views of people who use the service.

At this inspection there were two breaches of regulations relating to regulations 10 (treating people with dignity and respect) and 14 (choice of meals). We also made one recommendation which you can see in the Well-Led section of this report. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was safe. People said they felt safe and we found there were enough staff on duty to care for them.

Staff received safeguarding training and knew how to take action in response to any concern that may arise about possible abuse.

Risks to people were identified and acted upon and the service took action to keep people safe from the risk of infection.

Medicines were handled and administered safely and improvements had been made to medicines management.

Good



Is the service effective?

The service was not always effective. We found that people were not afforded the opportunity to make choices in relation to food or decide what foods were offered on the menu.

Staff received regular training, supervision and appraisals to ensure they had the skills and knowledge to meet the needs of people using the service.

During our visit we talked with staff about their understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff demonstrated that they had the necessary knowledge and awareness of both of these areas.

People were supported to use general community healthcare services when they required. Each person had access to a GP, dentist and optician as well as other specialist medical advice as necessary.

Requires Improvement



Is the service caring?

The service was not always caring. Although our observations of interactions between staff and the people they were caring for were mostly polite, warm and showed regard for what people needed, we also found two instances where there was disrespectful communication.

Staff knew about the law in relation to people's "protected characteristics". Staff understood that discriminatory behaviour and attitudes were forms of abuse. Staff had a good understanding of the cultural needs and wishes of the people they supported.

Requires Improvement



Is the service responsive?

The service was responsive. Care plans were updated at regular intervals and were audited to ensure information remained accurate and reflected each person's current support needs.

Good



Summary of findings

People who were able to speak with us felt able to raise any concerns or issues about the service. We saw that issues raised were acted on. People could therefore feel confident they would be listened to and supported to resolve any concerns.

The service had, over recent months, had difficulty maintaining people's opportunities to engage in activities. We found that steps had been taken to address this in the short term and action was also being taken to recruit to the full time activity co-ordinator position.

Is the service well-led?

The service was not well led in some aspects. Surveys were carried out centrally by the provider to get people's views about the service but we found no evidence of any for over a year.

The service had a new manager in post and many of the staff team had worked at the service for a number of years. Staff told us that they felt more supported in their work since the new manager came into post.

The provider had a system for monitoring the quality of care. The home was required to submit reports about the day to day operation of the service.

Requires Improvement



Stacey Street 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 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.

The inspection took place on 2 and 9 July 2015 and was unannounced. The inspection team included two inspectors, an observer who was present as a part of their induction as a new inspector working with the Care Quality Commission and an expert by experience who had specialist knowledge of using services for people with mental health difficulties.

Before the inspection, we looked at notifications that we had received and communications with people, their relatives and other professionals, such as the local authority safeguarding and commissioning teams and the local specialist NHS trust nursing team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. During our inspection we spoke with five people using the service, three nursing and care staff, the acting manager, deputy manager and the area manager for the provider.

As part of this inspection we reviewed six people's care plans. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints information, quality monitoring and audit information and maintenance, safety and fire records.

Is the service safe?

Our findings

When we spoke with people about how safe they felt in the home we were told, “yes it’s ok.” People found it difficult to reply to specific detailed questions about their safety, however there were no indications that anyone felt unsafe or at risk at the home. Comments received from other professionals who had contact with the service also showed that no issues had been identified about how the provider protected people from potential harm.

Staff had access to the organisational policy and procedure for protection of adults from abuse. They also had the contact details of the local authority which placed people at the service. The members of staff we spoke with said they had training about protecting people from abuse and were able to describe the action they would take if a concern arose.

It was the policy of the provider to ensure that staff had initial training in keeping people safe from abuse which was then followed up with periodic refresher training. When we looked at staff training records we found this was happening. At the time of this inspection there were no safeguarding concerns. We found that where concerns had previously arisen these were responded to properly.

Staff told us there were enough staff on duty in order for them to meet people’s needs. Two care staff and a trained nurse were present on each floor during the day and a nurse and a support worker on each floor at night. During this inspection we saw staff were able to give people individual attention and support and the level of staff availability was suitable to meet the needs of the people using the service.

We found that the service followed safe recruitment procedures to ensure staff were not employed unless they were suitable to work with people. We looked at the recruitment records for eight staff, including two who had most recently been recruited. Relevant pre-employment checks had been carried out which included references from previous employers, a criminal records check and verification of nursing qualifications.

Records showed risks to people had been assessed when they first came to the service and were then regularly

reviewed and we saw this for the two people who were most recently admitted. Up to date guidelines were in place for staff to follow to manage any identified risks. These covered areas such as keeping people safe and the signs to be aware of which may indicate a person’s mental health was deteriorating. Staff told us they followed these guidelines which included the actions they should take in order to support people to keep them safe and well. The health and social care professionals we had contact with told us the service had been effective in managing risks to people and would contact them appropriately for support if there were any concerns.

We saw that people were supported with their medicines and these were stored safely. On the day of our visit we observed medicines being administered after lunch. Only the registered nursing staff were permitted to administer medicines and the nurse we observed talked with people about their medicines and what these were for. Records showed people’s need for support to manage their medicines was assessed and reviewed as their needs changed. We saw that medicines were kept in a locked cabinet in each person’s bedroom, were administered in private and people’s verbal consent was requested before these were given.

People were asked if they wanted “as required” medicine they were prescribed, such as pain killers. However, on the first day of our inspection we found that one person had received this type of medicine four times per day on a regular basis. The medicine chart had said “one or two” tablets but it had not been recorded whether one or two had been given. We raised this with the manager and found that on the second day of our inspection this had then been added to the chart to make it clear how much medicine had been administered. A review of this person’s medicines was also arranged.

During the course of our inspection we found the home to be clean and tidy. Domestic staff were employed and staff we spoke with said they did not believe there were any issues about the standard of cleanliness and infection control. An infection control and auditing procedure was in place and action was taken if any improvements were identified as being required.

Is the service effective?

Our findings

People were supported to have enough to eat and drink. However, personal choices of food at mealtimes was generally absent as people were not involved in planning the menu and the choice of meals was not written out in advance of meals being served. On one occasion we observed that a person was given a visual choice which was a positive example but overall the lunch hour we observed showed a lack of a 'person-centred' approach. There was limited interaction and no talking at the tables. For example, people were not asked beforehand whether or not they wanted to wear a clothing protector when eating. The mealtime was task-oriented and functional.

This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were a lot of drinks available(as it was a hot day) to ensure that people had plenty to drink and were hydrated. One person told us they did not have choices in what they could eat and there was a lack of alternative protein. Also they could only eat at specific times so there was a lack, to some degree, of flexibility as people were not offered any 'in-between' snacks. We were later informed that this was not the case and that due to the recommendations of the speech and language therapist staff had to follow specific procedures when offering people drinks and snacks in order to do so safely.

Staff received regular training, supervision and appraisals to ensure they had the skills and knowledge to meet the needs of people using the service. Staff attended regular training which included mental health, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, safeguarding adults, moving and handling and safety areas. The provider had introduced regular weekly training and guidance sessions for staff which was provided by specialists from the NHS foundation trust, for example speech and language therapy and dementia. The staff we spoke with told us, "The training is getting a lot better"

and, "We have a lot more training and we have a list of training sessions which we should attend." All nursing staff were either RGN (Registered General Nurse) or RMN (Registered Mental Nurse) qualified.

All three staff we spoke with told us they felt supported by the provider in relation to their training and development. Staff told us they were encouraged by the improvements over recent months in the availability of training. They also told us they received supervision, averaging monthly, which we confirmed by looking at supervision records. These sessions gave staff the chance to review their progress and to identify areas for development, any required training and concerns they had in relation to the people they supported. We observed the staff handover and saw that staff were knowledgeable about people's needs and everyone's view was respected during discussions with the shift leader.

We found that consent to care and treatment was obtained. Many of the people using the service were unable to provide informed consent for themselves but in those cases their next of kin or allocated health or social care professional did so.

Staff understood their responsibilities under the Mental Capacity Act 2005. People were supported to make their own decisions about their care. If people were unable to make a decision because of a lack of capacity this was undertaken within their 'best interests' by other professionals involved in their care. Staff were aware of the Deprivation of Liberty Safeguards and we verified that this system was being used appropriately and new applications were made as required in a timely way.

People were supported to use general community healthcare services when they required. Each person had access to a GP, dentist and optician as well as other specialist medical advice as necessary. We saw that staff supported people to make and attend their appointments and these were placed in the home's diary to ensure that people were provided with appropriate support. The care plan records we viewed showed that the service was able to take action and to encourage and support healthy living.

Is the service caring?

Our findings

People we saw speaking with staff all knew the staff who also knew them by name. Staff respected people's personalities and they were seen to be treated differently as staff recognised each person as an individual with no preferential treatment. All were accorded the same expression of appropriate familiarity and recognition. However, we observed instances on each day that we visited where some staff made little or no attempt to engage with people using the service.

Some problems were also noted throughout the lunch time we observed on the first day about the way in which some staff spoke with people, namely, someone was called, "good girl" when they ate their food. Another staff member said, "try and feed yourself and if you can't, I'll feed you". We found this to have a moderate impact on people using the service. The language used did not demonstrate respect by some staff for all people using the service, was not age appropriate and did not demonstrate that people were always treated with dignity.

This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Apart from the two incidents above staff did show a lot of empathy and were supportive of people.

We spoke with members of the staff team about how they sought the views and wishes of people who used the service. They told us that they made a point of asking people, which we saw on some occasions although as referred to above more could be done to achieve this.

We observed instances where staff quickly took action to address people's needs, which demonstrated that staff knew people individually, and they clearly knew how to address these matters as they arose.

People's individual care plans included information about cultural and religious heritage, activities, communication and guidance about how personal care should be provided. Staff explained that they knocked on people's doors before entering their room, which we saw.

Advanced interests decisions were included in care plans where people had made their wishes known. These decisions included who they would like contacted in the event of sudden serious ill health or death. One member of staff had recently achieved a national care home award in dignity in care. They told us that as a result of this achievement they would be taking a lead on all aspects of dignity including how the service looked at their work with people coming to the end of their life.

Is the service responsive?

Our findings

People who were able to give us their views said, “I have no difficulty in approaching staff, I can’t really complain, I am a firm believer in the ‘unknown warrior’.” Another person said, ‘I won’t complain because I like the men on the ward, they are my friends I am happy a lot, there is no problems. Yes, there are enough staff to help me.’”

The care plans we looked at covered personal, physical, social and emotional support needs. We found that care plans were updated at regular intervals and were audited regularly to ensure that information remained accurate and reflected each person’s current support needs. We noted that the provider was in the process of establishing an electronic database for people’s records within the home and this work was well underway during our inspection. This was designed to enable closer working with clinicians who worked for the same provider and were involved in treating people within the home.

Where more than one mental health care professional was involved in a person’s care the staff ensured the information was coordinated and the person received the support they required. Each person had access, as and when required, to the professionals involved in supporting their mental health. Staff told us, and care plans confirmed, people had contact with community psychiatric services. People’s care records included information on signs and symptoms that a person’s mental health may be deteriorating and how people were to be supported to ensure they got the care and treatment they required.

From our observations we saw that staff had mostly good relationships with the people they supported and were able to respond calmly to challenging behaviour if this arose. Care plans described what staff should look for and how to respond to any instances of these types of behaviour although it was also reported to us that such instances were infrequent.

On the first day of the inspection there was little to show that activities were being considered or offered. The acting manager informed us that the full time activity co-ordinator had been on sick leave for some time. Later on the same day we attended the staff team meeting and the acting manager informed the staff team that one colleague had just been appointed to a part time role of activity co-ordinator and would start in this role immediately. The second visit we made showed that this staff member had begun the task of engaging people with activities and they told us that they were to attend training about expanding people’s opportunities to participate. It was too early for us to judge if this resource would have the desired effect and we will look at this again in detail at our next inspection.

We looked at the provider’s complaints record and found that very few were received, and those that were had been responded to appropriately by the provider. The provider operated a two stage complaints system which allowed firstly for local resolution of any complaints at the service and then for a more senior manager of the provider to review complaints if the person raising concern was not satisfied with the action taken locally. Information was made available to people about making a complaint and this was provided to people using the service and others.

Is the service well-led?

Our findings

There was a clear management structure in place and staff were aware of their roles and responsibilities. A new acting manager had been drafted into the service a few weeks before this inspection and we found that action was being taken to address a previous concern that had arisen.

Staff felt comfortable to approach the acting manager as well as other senior staff and told us, “The management has improved, it is getting far better” and, “I feel supported, we are working better now as a team.”

We saw that there was clear communication between the staff team and the managers of the service. Staff views were respected and this was evident during the staff handover. We saw that everyone had the chance to talk and offer their opinion as well as share their knowledge as colleagues. Staff told us that there were regular team meetings which were now weekly, with the opportunity to discuss specific topics and the day to day operation of the home.

We saw that staff were involved in decisions and kept updated of changes in the service. They were able to feedback their views and opinions, which we saw at the

team meeting that we attended on the first day of this inspection. Staff were positive about the training, teamwork, and handover system. Health and social care professionals we had contact with were satisfied with the service offered to people and felt the service was improving and people’s needs were being met.

The provider had a system for monitoring the quality of care. The home was required to submit reports to the provider about the day to day operation of the service. The provider sought to learn from areas for improvement that were identified and took action to address these areas.

Surveys of people using the service were carried out centrally by the provider. The home provided details of a survey carried out in 2013. However, the home was not able to demonstrate that it had sought the views of people using the service or their relatives more recently. The home had not reviewed people’s comments about the home and, if appropriate, taken action.

We recommend that the provider looks at ways to regularly seek the views of people using the service, in as meaningful a way as people are able to communicate their views.

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.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's right to dignity and respect was not fully adhered to in the way that some staff communicated with people. (Regulation 10(1))

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not offered suitable or sufficient choice about the menu, times they could eat or food they preferred to eat. (Regulation 14(4)(c))