Jasmine Healthcare Limited

St Andrew's Nursing and Care Home

Inspection report

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27 April 2017

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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

The inspection took place on 26 and 27 April 2017 and was an unannounced inspection. The home is registered to provide accommodation with personal care and nursing for 45 older people. At the time of our visit there were 39 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

People and their relatives told us that they felt safe at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff who were competent to do so. The risk assessments recorded what action staff should take if someone was at risk. Referrals were made to appropriate health care professionals to minimise risks and meet people's health needs.

There were sufficient staff to keep people safe and meet their needs. The registered manager had followed safe recruitment procedures. Medicines were given to people on time and as prescribed.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. Staff understood the processes in place for ensuring decisions were made in people's best interests. Staff and the registered manager were ensuring these steps were taken for people living at the home. Staff sought people's consent and recorded this.

Staff were caring, they knew people well, and they supported people in a dignified and respectful way. Staff acknowledged and promoted people's privacy. People felt that staff were understanding of their needs and they had positive working relationships with them.

People and their relatives were involved in the assessment and reviews of their needs. Staff had knowledge of people's changing needs. They supported people to make decisions or changes to the way their planned care was delivered. Staff offered choices to people regarding all aspects of their care and support, and upheld these choices. People told us that they had access to activities and hobbies.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people, relatives, health and social care professionals were sought as part of the service's quality assurance process. Quality assurance systems were in place to regularly review the quality of the service that was provided.

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.

Staff knew how to recognise and report abuse and had received safeguarding training.

There were enough staff to ensure needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk. Medicines were managed appropriately.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service was well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

St Andrew's Nursing and Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 April 2017 and was unannounced. The inspection was completed by a single inspector 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.

We spoke with 13 people living at the home and three visitors. We also spoke with the registered manager, the clinical lead who is also a registered nurse; on further registered nurse; one of the deputies; a care staff member; the activities coordinator; the maintenance person and the cook. On the first day of our inspection visit a visiting healthcare professional was onsite and also spoke with us. At the time of our visit, we spoke with the provider's representative who was at the home. We spent time observing care provided to people during the day.

We reviewed the care records of four people, training records and staff files, as well as a range of records relating to the way the quality of the service was audited. We also contacted social care professionals within the county for their views.

Good

Is the service safe?

Our findings

At our previous inspection of 10 February 2016 we rated this service as 'requires improvement' in safe. At this inspection visit we found that the necessary changes had been made and adopted and this service is now rated 'good' in this domain.

People and their visitors told us that they felt safe living at the home. One person told us, "I feel very safe especially when they have to move me, because it can be quite scary believe me; they always reassure me and make me feel safe about it all." A visitor confirmed and said, "I know my friend is safe here." Another visitor confirmed and told us, "I know all about safeguarding [from before their relative moved to St Andrews] and never seen or heard anything untoward here, ever."

Staff had knowledge of how to protect people from harm and told us that they were confident that they could refer concerns to the registered manager. Staff were able to explain the processes that they had in place for protecting people from harm. Additionally they told us that team meetings had time dedicated to discussing any concerns staff had. Staff undertook relevant training to keep people safe from harm and we saw records that confirmed this.

At our previous inspection we had concerns with the fabric of the building and how this could increase the risk of slips and falls. We also found that some people were sharing slings that were used when they were supported to transfer using a hoist. At this inspection visit we found that improvements had been made.

The provider of the service had put in place a programme of redecoration that addressed the issues we had raised in the previous report. There had been more provision made for the safe storage of equipment and we did not find any unsafe areas where people could have an accident. The provider's representative told us that there were still redecoration plans in progress. People who required the support of a hoist had their own specific slings and these were checked on a regular basis. We observed staff transferring people with the use of a hoist and this was carried out in a safe and caring manner.

We reviewed people's care records to look at how risk was managed. We saw that records contained the appropriate risk assessments needed to ascertain if a person was at risk and what staff should do.

There were some people living at the home whose behaviour could be viewed as challenging by others. We saw this was detailed in the individual care records, with an appropriate risk assessment. For example, one person became distressed and could refuse personal care. We saw that this person's care record stated that staff should record that personal care was declined and that they should go back to the person a little while later. If this did not work staff should try another member of staff with the person. When we spoke with staff they told us that this was how care was delivered. Staff also told us that they would give this person extra time. They told us this meant that the person was less distressed and could receive care that they needed. Where appropriate, people whose behaviour was sometimes viewed as challenging had a behaviour chart in place. This chart gave detail of when the person became distressed and any known triggers. This supported staff to see trends in behaviour and any changes and meant care could be reviewed accordingly.

People who were at risk of developing pressure areas were risk assessed appropriately. We saw evidence that some people had pressure cushions or other pressure relieving equipment. This equipment helped to minimise the risk of deterioration to the person's skin. We saw that people who required a change of position to relieve pressure received this support. For example, one person remained in bed for long periods of time due to their health. The care record stated that this person should be repositioned every two hours. When we checked this person's records we saw that this had been carried out and that the person had not developed any pressure areas because of the care they received. Staff confirmed that they supported this person in bed, and told us about what changes to the person's skin they needed to be aware of.

There was information available to staff for dealing with emergencies, and staff told us where this was. Staff could tell us what they would do in the event of an emergency and this was consistent with the documents we viewed. Additionally the home had in place generic assessments for the health and safety and maintenance checks for around the home, which served to ensure people were kept safe.

At our previous inspection we had concerns with the recruitment process and the checks made on staff before they carried out their duties. At this inspection visit we found that improvements had been made. We reviewed staff records and found that the registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced. This meant only staff that were deemed suitable were employed to work with people living at the home.

No person or visitors that we spoke with had any concerns regarding the number of staff on duty. One person told us, "My call bell is always left by staff close to hand, they always come." Another person confirmed and said, "There is always plenty of staff around."

Staff confirmed that staffing levels were appropriate to support people and their needs. We saw that staff were available throughout the day. Staff would sit and talk with the person who had called them and not just check on them. The registered manager confirmed how they managed staffing levels and how this was based on people's requirements. We saw from records that these requirements were met.

At our previous inspection we had concerns with the storage of medicines. At this inspection visit we found that improvements had been made. The service had refurbished the medicines storage area and improvements had been made to the records kept by staff.

People told us that they received their medicines when they should. One person told us, "They manage my medicines well for me, they always ask me first if I want my painkillers and then it is up to me if I want to take them or not."

There were safe medicine administration systems in place and people received their medicines when required. We observed staff administering medicines during lunch and they followed a methodical procedure and updated records as they went. We observed staff asking people discreetly before administering medicines and staff waited until the medicines had been taken. We saw that medicines were kept securely and that each person had a Medicines Administration Record (MARs) that was individual to them. These records also showed people's personal preferences on how they liked to take their medicines. Where a person required a medicine as and when it was needed, a PRN medicine, these were administered effectively. Staff asked a person if they wanted a specific medicine and recorded the response. We saw that a PRN protocol was in place and staff were able to tell us about this.

Staff told us that they received medicines training and that they shadowed more experienced staff whilst

they learned. Competencies were checked regularly by the registered manager. Staff were knowledgeable and confident with the process of medicines management.

Good

Is the service effective?

Our findings

The service remains effective. People and their visitors told us that the received care from staff that knew how to support them. One person told us, "I need to use a sling [to transfer] and they are very good with me in it, I think they are all very well trained."

Staff had undertaken training in areas such as, but not limited to, safeguarding, nutrition, risk assessments, fire safety and diabetes. Some people required the support of special equipment and the registered manager had ensured staff received appropriate training. Staff confirmed that they completed the Care Certificate and could work towards formal care qualifications. Staff confirmed that they received supervision, guidance and support and we saw records that confirmed this.

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).

All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. For some people who lived at the home an application had been made to the local authority in line with regulation. This included for them to remain at the home, the receipt of care or leaving the home unescorted. Care was delivered in terms of these authorisations and staff understood these. The registered manager had notified the Care Quality Commission when these applications had been declined or authorised.

We looked at how staff supported people with eating and drinking. People told us that they enjoyed the food and were given a choice of meals and drinks. One person told us, "I like nice home cooked food, it is good." The same person also said, "I like Horlicks all of the time, as I do not like tea and coffee." We saw that drinks and smacks were available throughout the day.

The daily menu was displayed on a notice board in the dining area. People could choose where they wished to eat. Staff knew which people were unable to wait without becoming distressed, and ensure that they were offered a meal without delay. Where a person required the assistance of staff with their meal this was carried out in a kind and caring manner and staff did not rush people. We spoke to the homes cook who had a good understanding of specialist diets that people required, for example to help manage a person's diabetes's. The meal looked appetising, and all meals were prepared daily from fresh ingredients.

People had good access to healthcare and the staff often liaised with district nurses, occupational therapists and GPs when needed. On the day of our inspection visit a visiting health professional was at the home. They told us that staff were very responsive to any changes they suggested about people, and that they

knew people at the home well.

Good

Is the service caring?

Our findings

The service remains caring. One person told us, "It is a lovely place to be and they are all very good to me and the others." Another person said, "All staff are all very kind, courteous and polite." A visitor told us, "The staff are really brilliant and go over and beyond sometimes."

We saw that staff were thoughtful and kind in their approach to people. Staff also acted appropriately to maintain people's privacy, especially when discussing confidential matters or supporting people. We observed appropriate humour and warmth from staff towards people living at the home. People appeared comfortable in the company of staff and had developed positive relationships with them. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

Staff gave examples of how they supported people to remain independent. They encouraged people to carry out parts of their personal care that they still could. They told us that they asked people before carrying out care if there was any part that the person wanted to do independently.

People were consulted about their care and how they wished to receive it. Most people did not know the formal name of 'care plan' but everyone we spoke with and their visitors said that they were involved in their care planning. One visitor told us, "They [staff] speak with us and keep records." We saw in people's records that each person had a dedicated staff member who was the person's 'key worker'. This key worker was responsible for talking with the person and relatives so that the person's care plan could be updated by staff.

Throughout the inspection visit we saw that staff acted in a respectful and dignified way with people at the home. Staff knocked before entering a room and announced who they were. We saw that when people were transferred using a hoist this was done in a dignified and caring manner by staff. Staff were able to explain to us the principles of dignified care and what steps they would put in place to maintain a person's dignity. Two people who lived at the home shared a room. We saw that there was a privacy curtain in place and records showed that the two people were happy to share a room.

Good

Is the service responsive?

Our findings

The service remains responsive. People were able to make choices about their care and support. One person told us, "I have a shower when I want." Other people spoke to us about the times they got up and went to bed, or choices with their food. We saw that records detailed people's choices and preferences including whether people preferred a male of female carer. When we spoke with staff they told us how they managed this to ensure that people's choice and preference was upheld.

Staff told us that they found care records useful to deliver the care that was needed. However, staff also added that they spoke with people to learn more about them. For example, the maintenance person told us that they had discovered through conversation that one person had received trophies for hanging baskets. They asked this person if they would 'teach' them how to do good hanging baskets. They then continued to do all of the baskets for the home together.

People had access to various activities and the home had a dedicated activities coordinator. We saw that the home had links with two other homes in the local area and did a number of activities with the residents of these homes. The local primary school was also involved with activities at the home. People told us that they enjoyed the activities that were on at St Andrews. One person told us, "The activities person is brilliant; they go around everyone when they can, and they do our nails and everything. We play bingo and do crafts and things; she is good at getting us involved in things." On the first day of our inspection visit there was a clothes sale for people at the home and on the second day there was a film afternoon.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff, or the registered manager, if they had a concern or wished to raise a complaint. One person told us, "I have absolutely nothing to grumble about." A visitor confirmed and said, "I can talk to them [staff] about anything and it is sorted." Staff confirmed they knew what action to take should someone in the care want to make a complaint. There was a complaints process in place and we saw that there had been one formal complaint in the last 12 months. This had been dealt with in a timely fashion and to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

At our previous inspection of 10 February 2016 we rated this service as 'requires improvement' in well-led. At this inspection visit we found that the necessary changes had been made and adopted and this service is now rated 'good' in this domain.

People and their visitors spoke highly of the home and the staff. They told us that they thought the home was well run. One person said, "I would consider it [the home] to be well led." A visitor confirmed and told us, "I think this is a well led home." People and their visitors told us that all staff and the management team were approachable. We saw that feedback from relatives was positive when they were asked if they would recommend the home. Staff also told us that they felt the home was well run and spoke highly of the registered manager. Staff told us that they would not hesitate to recommend the home.

Staff were confident that they could raise any concerns about the home to appropriate people, if they had cause to. They told us where they could find this information and none of the staff we spoke with told us they had cause to use the whistleblowing policy. Staff were aware of the core values of the home and spoke passionately about them. These included promoting independence and individualised care. Staff took pride in their work, and gave us examples of where they encouraged choice and independence. There was a clear line of accountability for staff and there was management support if the registered manager was away from the service.

There were regular team meetings in place and staff said that they found these useful and informative. They felt supported through these, as well as their supervisions, to carry out their role to the best of their ability. This meant that staff got sufficient support from the management team and time to discuss their roles. We also saw that there were annual appraisals recorded to look at the overall performance of staff and discuss what they still needed to work towards.

People told us that they were asked their opinions about the home and we saw that 'resident's meetings' happened. The registered manager told us that they had struggled with attendance, especially from relatives. They had made the decision to hold an evening meeting to see if this meant more people were able to attend. We reviewed minutes from past meetings and these showed actions and gave feedback to changes made.

At our previous inspection we had concerns that the audits and quality checks were not effective to support the running of the home. At this inspection visit we found that improvements had been made.

The registered manager had a number of audits that they used to track the quality of the service. This included, but not limited to, medication audits; care plan audits; daily charts audits; staff files; infection control audits and health and safety. All the audits had action listed for improvements and also information on what changes had been made and when. We saw that these audits supported the registered manager to analyse trends in people's wellbeing and enabled discussion at supervision. Each month the registered manager had to send a report to the providers for them to be assured that quality was being monitored. This

also enabled the provider to have a consistent approach with all of their services. The registered manager had a good understanding of the key challenges that the service could face in the future, and explained how this was managed.

There was a business continuity plan and risk register in place for the service. This meant the registered manager had effective processes in place in case there was a disruption to the running of the home. The registered manager told us that a large amount of the quality assurance for day-to-day care was done in an informal manner, which included observations, which enabled the registered manager to act in a responsive manner.

The service had submitted all the relevant notifications, to the Care Quality Commission, that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety.