

Barker Care Limited

St Teresa's Nursing Home

Inspection report

Corston Lane
Corston
Bath
Somerset
BA2 9AE

Tel: 01225873614

Website: www.cedarcarehomes.com

Date of inspection visit:

19 June 2023

20 June 2023

21 June 2023

Date of publication:

13 July 2023

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

St Teresa's Nursing Home is a residential care home providing regulated activities accommodation for persons requiring nursing or personal care and treatment of disease, disorder or injury to up to 70 people. The service provides support to older people and people with dementia. At the time of our inspection there were 60 people using the service.

St Teresa's incorporates a former nunnery with more modern, purpose built accommodation that is separated into 2 wings: Gainsborough and Bartelt. The service is laid out over 3 floors, bedrooms can be found on each floor, with some offering en-suite facilities. People have access to communal dining and lounging areas, including a recently installed sensory space. There is level access to large, well-stocked gardens and the registered manager's office is located adjacent to the reception area.

People's experience of using this service and what we found

Staff spoke confidently about protecting people from the risk of abuse. There were sufficient numbers of staff to keep people safe and staff received training relevant to people's needs. Risk assessments were in place and provided guidance for staff. Infection prevention and control measures were implemented, and the service was visibly clean throughout. Overall, medicines were managed safely. In response to our feedback, the provider did implement additional cold storage for medicines and brought forward a planned meeting with an air conditioning technician, with the view of air conditioned medicines storage rooms.

We observed staff being kind and caring to people. People's equality characteristics were respected, and different cultures were embraced. We observed staff maintaining people's privacy by knocking on their doors prior to entering.

People were supported to eat and drink sufficiently; the dining experience had improved since our previous inspection. The layout of the premises had been reconfigured to aid the flow of care delivery. People were supported to access healthcare and professionals spoke positively about working with staff. We found people's support with oral healthcare was inconsistent. The provider responded to our concerns and implemented a dental tracker at the time of our inspection. We did not find people experienced poor outcomes in relation to these inconsistencies. We received mixed comments from people about how consistently staff delivered care to support people's choices.

People and relatives spoke positively about the registered manager and said they could raise concerns if needed. The provider continued to build relationships with local organisations and volunteers. Statutory notifications were submitted to CQC in line with regulations. Overall, audits and checks were used effectively to identify shortfalls, however we did find gaps in documentation that had not been identified by the provider checks.

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.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 6 November 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We inspected this service in line with current CQC priorities because the provider told us they had made significant improvements to care provision.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Teresa's Nursing Home on our website at www.cqc.org.uk.

Recommendations

We have made one recommendation in relation to the consistency of governance systems.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

St Teresa's 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of 2 inspectors 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

St Teresa's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Teresa's Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people, 5 relatives and 11 staff including the registered manager, registered nurses and care staff. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed various records in relation to the running of the service including care plans, medicines records, maintenance checks and quality audits. We used the Short Observational 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff spoke confidently about identifying and reporting potential abuse. Comments from staff included, "We will stop the abuse immediately and go straight away and report it. It's not an option – we will go to head office if the registered manager didn't listen" and, "I have never seen abuse here. I would stop the abuse and protect the resident; I would inform the manager straight away."
- The registered manager retained oversight of safeguarding in the service and worked with the local authority safeguarding team when required.
- The provider had measures in place to help protect people from the risk of abuse. For example, 1 person told us about how their money could be stored in a safe to prevent theft.

Assessing risk, safety monitoring and management

- Risk assessments were in place and provided guidance for staff about how to keep people safe. For example, risk assessments were in place in relation to skin damage, falls and malnutrition. Guidance included details about any equipment staff needed to use, and how often people should be supported to change position.
- People told us they felt safe. Comments from people included, "I am safe – as I can be" and, "I feel safe, I really do. The carer makes sure I have my safety belt on when I'm in my wheelchair, and that I am safely in bed."
- The service had recently been awarded a food hygiene rating of 5. This was the highest rating available and meant food hygiene was assessed as being very good.

Staffing and recruitment

- The provider used a staffing assessment tool to determine staffing levels based on people's needs, for example support needed with personal care, transfers and risk of falls.
- Comments about staffing from people included, "The staff are nice, there are lots of them and they treat us very, very well" and, "Sometimes there is a bit of a shortage of staff, when this happens they get in agency staff."
- Staff we spoke with confirmed there were sufficient numbers of staff to provide safe care. Comments included, "We have enough staff; we can help people with their needs and there is no issue about staffing" and, "There are enough staff, they do a dependency assessment."
- To help ensure continuity of care, the provider had recently introduced an application that meant all shifts requiring cover were offered to staff employed by the service first. Additionally, the service worked with 2 local staffing agencies to further help ensure continuity of care.
- Recruitment checks were in place to help prevent unsuitable applicants gaining employment in the

service. This included checks with the Disclosure and Barring Service (DBS) to understand any relevant criminal history.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People told us they were supported to receive visitors and we observed people received visits during our inspection.

Using medicines safely

- Some people were having their medicines administered covertly. This is when medicines are disguised within food or drink. Records were in place to show how the service assessed the person for this and detailed which other health professionals had been involved in the decision making.
- Protocols for people administered 'as required' medicines were not always personalised. However, staff had documented other actions taken to prevent over-medication and recorded the effectiveness of medicines when administered. This meant staff could easily assess if medicines were effective, or if the person needed to be reviewed by a GP.
- We looked at 4 medicine trolleys and 4 medicine storage areas. The temperature of medicine trolleys was above 25 degrees in all 4 areas. Manufacturer guidance for medicines storage tends to recommend an upper limit of 25 degrees. Staff told us that when the temperature reading was high, they moved the medicines trolley into the corridor to try and cool it.
- Staff had documented temperatures, and had recorded any actions taken, such as moving the trolley. The registered manager told us pharmacist advice had been sought but there was nothing documented in relation to this. Additionally, records showed that moving trolleys to improve air flow, had not reduced the temperatures.
- In response to our feedback, the provider introduced refrigerated medicines storage and brought forward their appointment with an air conditioning technician to plan the installation of air conditioned medicines storage rooms.

Learning lessons when things go wrong

- The provider learned lessons when things went wrong. For example, restructuring staffing and reconfiguring the layout of the premises in response to findings from our previous inspections.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

Previously we found staff did not always receive training relevant to their roles and to the people they were supporting. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer breach of regulation 18.

- Staff were supported to access training relevant to their roles. Records we reviewed showed staff completed training in relation to moving and handling, safeguarding and equality, diversity and inclusion. Comments from people included, "They [staff] are trained to use the hoist, new staff shadow the more experienced ones" and, "The staff are trained to meet my needs."
- We received some comments from people about language barriers between staff and people. The provider had recently introduced training designed to support staff with their understanding of the English language and culture.
- Staff told us they were supported to carry out their roles effectively. Comments from staff included, "It's a good atmosphere and there is a good support from head office" and, "Staff are very cooperative, good teamwork and the management is very very nice, they look after us and we can talk to them freely."

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

Previously we found capacity assessments and best interest decisions were not always completed in line with the principles of the Mental Capacity Act (2005). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager retained oversight of DoLS applications and ensured any conditions were being met. At the time of our inspection 8 people were subject to DoLS authorisations.
- The provider was working in line with the principles of the MCA; assessments and best interest decisions were in place for areas including bed rail use and support with personal care.

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

- People were supported to eat and drink sufficiently. Care plans included details of people's dietary needs. People's weight was monitored, and input was sought from professionals including the dietician and speech and language therapist.
- When people were receiving their nutrition via PEG (percutaneous endoscopic gastrostomy tube), the plans provided clear instructions for staff.
- We received mixed comments about food provision. Comments included, "The food is very good, I have no complaints" and, "The food is very good, but often you get the same thing, only different flavours. For example, 2 quiches, 2 different burgers." At the time of our inspection, the provider was implementing a new, 4 weekly menu.

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

- The provider had reconfigured the premises to aid care provision. This included introducing a sensory room and increased areas for communal dining.
- Adaptations and checks were in place to improve environmental safety. For example, windows were restricted, and maintenance checks were completed on equipment and the premises, including portable appliance testing (PAT).
- People were able to personalise their private living accommodation with items such as photographs.

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

- Professionals spoke positively about working with staff at St Teresa's. Comments from professionals included, "There is generally good continuity amongst the nurses looking after the patients and this enhances patient care" and, "[Staff] refer quite regularly and appropriately. Staff are responsive to my recommendations and share advice with other members of the team."
- Records we reviewed showed people were supported to see healthcare professionals including the GP who visited the service weekly.

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

- People's experiences of oral healthcare assessment and support were inconsistent. For example, some people had not been asked if they needed support to register with a dentist on admission to the service.
- In response to our feedback about oral healthcare, the provider introduced a 'dental tracker' to understand who had visited the dentist and who needed additional support. The care planning system was updated to create alerts for staff about when people required routine dental check-ups. We did not identify

people experienced poor outcomes resulting from this.

- We received mixed comments from people about how consistently staff delivered care to in line with people's choices. Comments from people included, "I go down a floor to shower, there is no set day, I can have one when I want" and, "I have a shower on a Thursday, there is a rota for showers." The provider told us people were asked for their preferred personal care days; however staff could support people to have personal care when they wished.

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.

Previously we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- People told us staff treated them well. One person said, "[Staff have] been very kind to me; the care that I get is wonderful. They persuade you to do things, rather than force you." One relative said, "The staff are brilliant, can't fault them, they are fabulous, the standard of care: nothing seems too much trouble."
- People's equality characteristics were respected, and diversity was valued. For example, staff from a range of cultures had recently taken items of traditional dress to share and discuss with people.
- People were supported to practise their religion. The service worked in partnership with a local church and people visited weekly for a religious service. For those who could not leave the service, a monthly religious service was held within the home.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported to maintain their independence. Comments from people included, "I am very independent, I try and do as much as possible for myself" and, "I am given choices and not forced. I can sit out of bed if I desire, they [staff] turn me when I request, they keep an eye on me; they explain things."
- We observed staff treating people with dignity. For example, staff supported people to wear aprons during lunch to prevent food staining their clothes. Each person was asked if they wished to wear an apron and needed support with putting them on.
- People's privacy was respected. For example, we observed staff knocking on people's bedroom doors prior to entering.

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

- During our previous inspection people told us their care was task-focused and rushed. At this inspection, we found improvements had been made and care was no longer task focused. One relative said, "[Staff member] sits and talks to my wife, the staff know her well. They all say good morning to her, and blow her kisses, anyone passing her room always pops in and says hello."
- We received mixed comments from people and relatives about whether or not they felt involved with care-planning. Comments from people included, "The staff do come into my room and talk to me" and, "I don't know anything about a care plan." One relative said, "[Person] has a care plan and it has been reviewed."
- People told us they could raise any concerns about their care with staff or the registered manager.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

Previously we found people were not always supported to form friendships with others and access meaningful activities. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer breach of regulation 9.

- At this inspection we found improvements had been made and relationships between people were now encouraged. We observed people sitting with each other and interacting socially.
- Previously we found people were not always supported to dine in a sociable and comfortable way, eating from side-tables and supported by task focused staff. At this inspection we found people enjoyed eating socially and observed staff supporting people in an unrushed way, for example taking time to bend down and speak with people at eye level and offering choices.
- People were supported to maintain relationships with their loved ones. During our inspection, we observed relatives visiting with different people over each day. One person said, "It is open visiting; there are no restrictions."
- Relatives were invited to join people on special occasions, including birthdays and anniversaries. One person said, "I am very happy here, it suits me, they gave me a lovely birthday party."
- The provider was developing a 'whole home' approach to people's well-being. This included matching staff with the same or similar interests and supporting people to be involved with meaningful activities. Recent activities included visiting a local farm, regular coffee mornings with the local church and morris dancers visiting. One person said, "The activities are good, they are excellent, they provide a monthly programme."

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

- Plans in relation to personal care were informative. They detailed the support people required, their preferred clothing and if the person expressed a preference for male or female staff. One relative said, "Mum is always consulted on her preferences, and we feel that these are met."
- People's care plans were reviewed at regular intervals and when people's needs changed. One professional said, "Care plans are detailed, and the team can answer any questions we have."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to communicate in different ways. For example, a recognised tool was used to understand if people were in pain, and we observed 1 person using an adapted specialist lamp to read their menu during lunchtime.
- The area manager confirmed people were offered information in larger fonts where needed and additional adaptations were made, such as offering people plated food to choose from rather than relying on the written menu.

Improving care quality in response to complaints or concerns

- The provider responded to concerns and complaints in line with their processes. Where appropriate, concerns were investigated, and people or relatives were provided with an apology.
- The registered manager retained oversight of concerns and complaints to identify any potential themes and trends to help prevent a recurrence.
- The provider had received compliments about care provision from people and relatives. Compliments we reviewed included, "A big thank-you to all at your nursing home who were so kind and helpful to me" and, "Thank-you for the wonderful job that you do."

End of life care and support

- End of Life care plans were in place for everyone at the service, plans were reviewed at different stages as people neared the end of their lives.
- The area manager confirmed end of life care plans were an area for development and additional information was required to make them more person-centred.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

Previously we found the provider failed to use their checks and audits effectively to help identify shortfalls, errors and omissions and drive improvement in the service. This was a breach of regulation 17, (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer breach of regulation 17.

- Since our last inspection, the provider had reviewed the efficacy and structure of their governance systems. For example, the senior leadership visited routinely to undertake audits in relation to CQC's key lines of enquiry, looking at whether the service was safe, effective, responsive, caring and well-led. Outcomes were reviewed and action plans were created with dates for completion.
- Overall, checks and audits were used effectively by the registered manager to identify shortfalls, errors and omissions and drive improvement in the service.
- Statutory notifications were submitted to CQC in line with regulatory requirements. Statutory notifications are important as they tell us about notifiable incidents and help us monitor services we regulate.
- Medicines checks and audits were completed 3 monthly. This meant potential medicines related errors and shortfalls may not be identified without delay. We found no evidence suggesting people had experienced poor outcomes because of this.
- In response to our feedback about the length of time between medicines audits, the area manager increased their frequency to monthly and was working with the provider to implement these changes across the organisation.
- We found some inconsistencies in the information documented by staff about care they provided. For example, records for 1 person showed staff had documented the person's skin was intact during position changes. Records also stated skin was not intact, and then on the same day had recorded it was intact.

We recommend the provider continues to review their governance systems, checks and audits to ensure they are consistently effective at identifying shortfalls, errors and omissions.

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

- Staff spoke about, and treated people in a person-centred way. One staff member said, "I try to listen to people's concerns and make them happy, I enjoy spending time with them. When they are laughing we can also laugh."
- Comments from professionals included, "The staff know their patients well" and, "I wanted to share what a positive attitude [staff member] had and what robust steps the team seem to be taking to meet [person's] needs, which can be high and not always easy to address."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The most recent survey had been undertaken in 2022 and looked at areas including personal care provision, mealtimes and activities provision.
- People and their relatives said they were not always aware about how they could provide formal feedback. However, people said they could raise concerns and issues with the registered manager. Comments included, "If I had any issues I would go and see the (registered) manager, she listens" and, "I know who the (registered) manager is, she talks clearly, and answers any questions."

Continuous learning and improving care

- The provider reviewed accidents and incident to identify potential themes and trends and prevent a recurrence.
- The provider was continuing to work on making improvements to care quality and safety in the service. Most recently the provider had introduced an application that allowed staff to log and photograph people's belongings. This meant if they went missing, they could be found more easily.

Working in partnership with others

- Staff worked effectively with external organisations and professionals. Most recently the provider was engaging with members of the local community so they could volunteer with people in the service. To ensure this was done safely, the provider was supporting potential volunteers with DBS checks.
- The provider had links with a local school and children had visited to sing for people, this type of event was planned annually.

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 provider was aware of their responsibility to act open and honestly when things went wrong, including offering an apology if needed.