

Acanthus Health Care Limited

St Clements Nursing Home

Inspection report

170 St Clements Hill
Norwich
Norfolk
NR3 4DG

Tel: 01603858980

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: St Clements Nursing Home is a residential care home that provides nursing care and accommodation for up to 25 people, some of whom may be living with dementia. At the time of our inspection, 21 people were using the service.

People's experience of using this service:

The risks to the quality and safety of the service were identified and acted on. There was enough staff on duty to enable people to remain safe and receive care in a timely way. The environment was safe and people had access to appropriate equipment where needed. People were supported to take their medicines in a safe way.

People, their relatives and staff told us the registered manager was approachable, they felt listened to when they had any concerns.

Staff had received appropriate training and support to enable them to carry out their role safely. People's health was well managed and staff had positive links with professionals which promoted wellbeing for them.

Staff were kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensure they did this. People were observed to have good relationships with the staff team. Staff actively ensured people maintained links with their friends and family.

People's records clearly identified their preferences. Staff provided effective care for people which met their needs through person-centred care planning. This enabled people to achieve positive outcomes and promoted a good quality of life. Complaints were managed within the providers stated process.

Staff were motivated and enjoyed strong team work. Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received.

Rating at last inspection: Good (Published January 2016)

Why we inspected: This was a scheduled inspection based on our previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 Clements 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 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.

Inspection team:

The inspection team consisted of an 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. Our expert by experience's area of expertise was the care of older people.

Service and service type:

St Clements Nursing Home a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from a clinical commissioning group that pays for the care of some of the people living at St Clements Nursing Home.

During the inspection visit we spoke with five people using the service and five relatives. We also spoke with

the registered manager, a registered nurse, a care worker, and the cook. During the inspection we met with the providers regional operations manager, and services quality manager who were visiting. We made observations of how staff supported people.

We looked at two people's care records. We also looked at other records relating to the management of the service including staffing, accidents and incidents, medicines and quality assurance.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home, relatives confirmed this. One person told us, "I do feel safe here, as safe as at home." A relative we spoke with told us, "[Family member] is very safe here and I have no concerns. The staff here are all so friendly and they are always about to keep an eye on them."
- Regular checks were made to ensure that equipment used to transfer people such as hoists and slings were safe to use.
- Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
- If safeguarding incidents occurred staff reported these to other agencies, as required, including the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people`s well-being and health were assessed and measures were in place to mitigate risks. Plans were put in place to mitigate these risks and staff were familiar with them. This included risks associated with health conditions, mobility and nutrition.
- Risk assessments detailed how to support people with personal care needs so they could do as much for themselves as possible without falling or injuring themselves.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP) in place so that staff were familiar with how to assist people in an evacuation. The home had a maintenance person who carried out frequent checks on the premises and equipment to ensure they were safe and fit for purpose.

Staffing and recruitment

- People and relatives told us they felt there were enough staff to meet people`s needs in a timely way. We observed that staff were prompt in responding to people`s needs and call bells were answered promptly. Staff told us they had time to spend with people and did not need to rush their care or support. One relative told us, "I think that [family member] is very safe here because there is always someone about to keep an eye on them as they have difficulty remembering to press their buzzer. They spend a lot of time in the lounge and there are always staff about."
- The registered manager used the provider's assessment tool to calculate staffing levels based on the levels of care people required. This ensured enough staff were always on duty.
- We compared the staff rota with information about staff training and found that sufficient numbers of trained staff were consistently on duty. Staff annual leave was effectively managed so there were always enough staff available.
- The provider had safe recruitment procedures which ensured that only staff suited to work at the service

were employed. All required pre-employment checks were carried out including criminal record checks.

Using medicines safely

- People were supported to have their medicines at the right times. One person told us, "They always make sure I get my tablets on time and they always stay until I have taken them."
- Only trained senior staff who had been assessed as competent supported people with their medicines.
- People had medicines care plans which explained how their medicines must be given. Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People had PRN medicines when they needed them.
- Medicines were stored securely and regularly audited by the registered manager or a nurse to ensure they were being managed safely.

Preventing and controlling infection

- Staff followed infection prevention and control procedures to protect people from infection. Staff were trained in infection control and followed the provider's policies and procedures in relation to this.
- Staff had the right equipment for cleaning, for example colour coded mops, buckets and bins to ensure that clean and dirty items did not come into contact. This reduced the risk of cross-contamination.
- The registered manager oversaw infection control and carried out regular audits to ensure standards of cleanliness were good.

Learning lessons when things go wrong

- Staff told us there were lessons learned when things went wrong. The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure the measures in place were effective.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager or care manager assessed people prior to admission to ensure their needs could be safely and effectively met.
- Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs. Assessments covered people's health and social care needs and their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had so those needs could be met.

Staff support: induction, training, skills and experience

- Staff received training that equipped them with the skills knowledge they needed to support people. Staff had training about dementia and other conditions people lived with. Staff were trained to use special equipment such as percutaneous endoscopic gastrostomy (PEG) tubes which are used to feed people when oral intake is not possible or safe.
- People and their relatives told us that staff were well trained and competent. One relative said, "The staff here certainly know what they are doing. The staffing is consistent and you get to know them which makes a real difference."
- Staff completed an induction period when they commenced employment including a period of shadowing experienced staff. New staff completed the care certificate, a nationally recognised qualification for staff new to working in social care.
- The registered manager evaluated the effectiveness of training through observations and checks of staffs competency
- Nursing staff were registered nurses who kept their registrations with the Nursing and Midwifery Council up to date.

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

- People had a choice of freshly made meals that were nutritious and prepared and served in ways that met their health needs. People had a choice of main meals and could ask for alternatives which were cooked fresh for them.
- We saw that people enjoyed a pleasant dining experience. Meals were presented in ways that looked appetizing. Staff supported people who required support with eating their meal and they made the experience a pleasant one. People could choose portion sizes and drinks were regularly offered to people. A relative told us, "The food is really good and my [Family member] really enjoys it"
- Nurses used a nutritional screening tool to assess people's dietary needs. This considered people's weight,

ability to eat, skin type, medicines, appetite and psychological state. Where required, nurses involved dieticians in developing people's nutritional care plans.

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

- People told us they liked the premises and the way the home was decorated. People's rooms were personalised with belongings from their family home. People could choose to sit in quiet or more social areas.
- An extensive redevelopment programme was underway which included extending and modernising the homes communal areas. A recent programme of redecoration and replacement of flooring had enhanced the homely feel of the service.
- Signage that aided people living with dementia identify areas such as bedrooms or communal bathrooms was in place.

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

- If people needed emergency healthcare staff acted quickly to arrange this. They contacted out of hours GPs and called for an ambulance if a person needed one. A relative told us, "[Family member] always gets their medication on time and the nurse makes sure they always take it. The nurse keeps a very close eye on them and will call the doctor if they has any concerns." Another relative said, "The medical support they get here is first rate and they are closely monitored by the nurses in the home."
- Staff working at the home were long standing and knew people well. Staff could promptly identify when people`s needs changed and seek professional advice.
- Staff were attentive to people's health needs, they identified when people were unwell and arranged for people to access to a range of healthcare professionals including GPs, dentists, opticians, dieticians and falls specialists when they needed them.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in peoples care plans.
- We observed staff asking for people`s consent before providing support to people. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of hot and cold drinks, where they wanted to spend their time and what they wanted to wear. Staff gave us examples of how they offered choices to people who could not hear or speak.

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

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives could visit the home at any time without undue restriction. We saw relatives actively engage with their family members and other people living at the service.
- People and their relatives told us staff were very kind and treated them with respect. One relative said, "The staff are so nice and they are so polite. They show my [family member] real respect and never talk down to them." We witnessed many positive interactions between staff and people they supported which were warm and friendly. Staff prioritised people's emotional wellbeing, ensuring people were given the time they needed to express themselves or communicate what they needed.
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.

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

- Where people were not able to express their views and could not be involved in decisions about their care, their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- People told us they were offered choices and felt in control of the care they received.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy. One person said, "The staff here are very caring. They are the most loving of people and they are not patronising in any way."
- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us it was important to ensure they respected people and gave us examples of how they promoted people's privacy. A relative told us, "They always speak nicely to [family member] and use their first name even though they may not recognise it. They have so much patience for them."
- People were supported to maintain their independence. Staff knew what people could do for themselves, and were patient and supportive in helping them to do this.
- People's right to privacy and dignity was promoted. For example, we observed that when a person needed to use a hoist to transfer to their wheelchair in a public area, staff used a screen so that this was carried out in private.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received care and support as they liked it. Comments we received included, "They understand the type of things I like and the things I need. They know exactly how to fulfil my care needs." And, "They always make sure I get what I want. If my tea is too hot or too cold or if it's too weak or too strong then they change it. They always make sure you get what you want and what you like."

- Staff we spoke with could describe in detail the steps they took to support people, their preferences, life histories and how they liked to receive their care.

- Care plans detailed people's preferences, likes and dislikes. For example, their food likes and dislikes.

- The activities co-ordinator had recently left and recruitment of a replacement was underway. People told us that since they had left, there had been a reduction in activities on offer. The registered manager told us they recognised this and recruitment of a replacement worker had taken longer than expected. They went on to say they were putting together an interim arrangement to enable care staff to have more time to provide activities.

- Relatives told us they were happy and thankful for the personalised care and support people received, and how this included and supported families. One relative told us, "I am really happy my [Family Member] is here. I feel they are much safer now and the quality of care is so much better. The manager is very good and if I need to speak to her she is always available and approachable. The nursing staff are first rate and have done much to put me at ease."

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. Feedback was gained from people and their relatives through day-to-day conversations.

- People and their families knew how to make complaints. They felt confident these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support

- People were supported to make decisions and make plans about their preferences for end of life care.

- Staff were skilled and experienced in end of life care and understood people's needs. Nursing staff had undertaken extensive additional training in providing palliative care. This included the necessary procedures to be followed at the time of a person's passing.

- People were supported to remain at the service, in familiar surroundings, supported by staff who knew them well.

- External healthcare professionals were involved as appropriate and specialist equipment and medicines were made available to ensure people were comfortable and pain-free.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- People and their relatives told us the service was managed to a high standard and the registered manager had improved the quality of provision since coming into post last year. One relative told us, "The manager here is so helpful. She worked things out so that my [family member] could move to the home which we were very pleased about. She made the planning so straight forward." A person told us, "I am very happy here. I am very comfortable with the care that I get. The manager is lovely and very caring. She certainly knows her job and does it well."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed and they ensured there were systems in place to notify CQC of incidents at the home.
- The home had a comprehensive audit system in place. This was based on CQC guidance for providers about the essential standards of care. The registered manager, providers regional and quality managers carried out a range of audits to check that people's needs were being met and the premises were safe.
- The registered manager carried out observations of how staff supported people and sometimes worked alongside staff to support them to provide care to high standards.
- Staff understood their roles and responsibilities and had confidence in the management team.
- There was good communication maintained between the management team and staff.
- Staff felt valued and well-supported by the management team.

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

- The registered manager and staff sought people's views about their care and support. Residents meetings were used to seek people's feedback which had been acted upon.
- People and their relatives told us they were encouraged to comment on the care delivered to them. People also told us they could simply speak with staff if there was anything they wished to discuss or

change. The registered manager had implemented a suggestions box for people to leave feedback.

- Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.

Continuous learning and improving care

- People, relatives and staff told us the service had improved since the registered manager took over the running of the service in the summer of 2018.
- The management team were keen to ensure a culture of continuous learning and improvement.
- The management team positively encouraged feedback, reviewed the quality of the service and acted on any identified shortfalls to continuously improve the service.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.