Sanctuary Care Limited

The Rosary Nursing Home

Inspection report

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Date of inspection visit:
17 February 2022

Date of publication:
17 March 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Rosary Nursing Home is a residential care home providing personal and nursing care for up to 102 people. At the time of our inspection there were 67 people using the service. The home was split into two buildings both with two floors. One was for people requiring nursing and the other was for people with dementia. At the time of the inspection only the ground floor of the dementia unit was being used.

People's experience of using this service and what we found
People were supported by staff who knew them well and how to keep them safe. One person said, "You do not have to worry about me. It is all lovely. Staff are smiley." Care records, including risk assessments, did not always reflect this knowledge. The provider had recognised this prior to our inspection and plans were in place to rectify it. Relatives had more mixed feelings about whether their family members were safe. No examples of unsafe care and support were seen during the inspection. People were comfortable in the presence of staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible considering their best interests; the policies and systems in the service supported this practice. However, records did not always reflect the discussions and decisions which had taken place. The provider's systems had already identified this and had action plans to rectify it.

Medicines were managed safely, and people were able to see other health and social care professionals. People were positive about the food and being consulted about the direction of the home. Relatives felt they were kept informed of any changes or accidents and incidents. Systems were in place to manage accidents and incidents. However, analysis around development of pressure ulcers had not always occurred. Following the inspection, the registered manager had updated these systems.

Staff felt there was a clear line of accountability and were positive about the support provided to them. There were gaps in training which already had planned completion dates and some staff had access to bespoke training related to their roles. People were supported in a home that promoted a positive culture that treated everyone as equals.

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

Rating at last inspection
The last rating for the service was good, published on 17 March 2018.

Why we inspected
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 included checking the

provider was meeting COVID-19 vaccination requirements.

We received concerns in relation to risks related to pressure ulcers, eating and drinking, management of safeguarding and staffing. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

The Rosary 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 included checking the provider was meeting COVID-19 vaccination requirements. 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
Three inspectors, one member of the medicine team and an Expert by Experience attended on site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A second Expert by Experience made phone calls to relatives following the site visit.

Service and service type
The Rosary 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. The Rosary 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to

make. We used all this information to plan our inspection.

During the inspection
We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

We spoke with 19 people, four relatives and one health professional. We spoke with 12 staff including the registered manager, operations manager, nurses, care staff and auxiliary staff.

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. We looked at 10 care plans, medicine records, training matrix, three staff files and systems to manage the service.

After the inspection
We continued to seek clarification for things we found on the inspection. We looked at records the provider had sent us including policies and procedures, quality assurance systems and staff rotas. We contacted a range of health and social care professionals and spoke with 10 relatives.

Good

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

● People were supported by staff who understood how to keep them safe and recognise signs of abuse. People in the dementia unit were comfortable in the presence of staff. When they sought out support or help from staff it was reciprocated. One member of staff said, "I have always seen good care here. If I saw anything I was not comfortable with, I would go straight to [registered manager] they would listen and do something."

● Comments from people and relatives included, "It's lovely here", "[Staff] are very friendly, nice and helpful" and, "Staff are very good. Could not wish for better people."

● The registered manager was aware of their role in relation to safeguarding including sharing concerns with other bodies like the local authority. The provider had systems in place to support them.

Assessing risk, safety monitoring and management

● Risks were assessed for people and ways to mitigate them had been found. For example, pressure care, risk of choking or aspiration and moving and handling guidance was available, so staff knew how to keep people safe. These included nationally recognised tools to keep people safe from risk of harm. However, one person who had recently been admitted lacked relevant risk assessments in their care plan. One of the management team informed us the plan and assessments were written as they got to know the person. They would review what was in place now and update any necessary parts.

● Best practice had been considered within risk assessments. For example, moving and handling risk assessments contained the type of equipment and how it should be used. One person said, "I am always hoisted with two [staff]."

● Equipment used to support people was regularly checked. People, if required, confirmed they were safely helped to transfer with suitable equipment. Staff worked at the speed people were comfortable with and provided support at all stages of the transfer.

● Systems were in place to monitor the health and safety in the home. People were cared for in an environment that was checked regularly by the management. Staff were encouraged to raise any concerns with the nurses and management so they could be resolved. Plans were in place to begin refurbishment of areas in the home which required repair.

Staffing and recruitment

● People were supported by enough staff to meet their needs and keep them safe. One person expressed they were very happy with the staff supporting them. Other comments included, "When I am there, there seem to be enough" and, "There always seem to be [enough staff] and evenings and weekends are the same." We received mixed comments from relatives about whether there were enough staff. No impact was found during the inspection.

●Staff all agreed as long as there was no sickness there were enough of them. Comments included, "As long as nobody goes off sick, we have enough staff. We do not tend to use agency staff, but we have a few really good bank staff" and, "Enough staff to manage at the moment." The provider had systems to identify how many staff were required at any time. The registered manager was clear if the number of people went up so would staff levels. Recruitment was ongoing to ensure this commitment could be met.
● People were supported by staff who had been through a safe recruitment. Checks were completed prior to any new staff starting work. One member of staff told us they were not able to start until the process had been completed.

Using medicines safely
● People were supported to receive their medicines safely following their preferred preference. Relatives comments included, "Mum has been on [medicine] all her life and various others and all given correctly" and, "She takes a lot [of medicine] and I am sure that they have it in hand."
● Staff had been assessed to ensure they were competent in the safe administration of medicines. We saw that staff gave medicines to people in a caring and supportive manner.
● Staff were able to say how decisions were made to support people with medicines prescribed to be taken "when required". There were specific protocols to support staff with decision making. However, protocols were not as detailed for the administration of medicines that may cause sedation. The management told us they would review these during the inspection.
● Medicines which required additional storage and checks were meeting the current guidance.

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 meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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.

● People were supported to have visitors in line with the current government guidance. Throughout the inspection visitors were seen arriving, having their temperature checked and a lateral flow test. The registered manager enabled another area of the home to be opened for visitors to comfortably wait due to the weather being poor.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong
● The provider had systems in place to record accidents and incidents so they could be monitored and

learnt from. Staff recorded actions taken as a result of incidents and this allowed the management team to monitor and learn from patterns. One relative said, "They hold a meeting every 4 months to analyse the accidents and learn from them."

● However, systems were not always in place to learn lessons from when people developed pressure ulcers. Following the inspection, the registered manager shared new systems they had developed to rectify this. Any lessons moving forward would be shared with all the staff team.

Good

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 good. The rating for this key question has remained good. This meant 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

- People had their needs assessed prior to moving into the home. This included those who were coming straight from hospital into the beds set aside to assess and see if they could go home. Care plans were created as soon as staff became familiar with the person.
- Staff were responsive and made changes to people's care and support if their needs changed. However, there were occasions care plans did not reflect these changes. No impact to people was found.
- The registered manager told us the provider were supportive in helping them stay up to date with standards, guidance and the law. Throughout the COVID-19 pandemic provider representatives sent updates when any guidance or rules changed.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to meet their needs. Staff told us they had access to an online training service and trainers would come on site. Some staff were trained up to be the trainers.
- Nurses had access to personal and professional development in order to meet their professional registration requirements. One nurse said, "We are trained to do our job." They then listed the specialist training they had received and still had some to attend.
- Staff new to the home felt they had a thorough induction when starting. One staff member told us they thought their induction was, "Really good as an introduction to care." Systems were in place for staff new to care to complete the Care Certificate. The Care Certificate is an agreed set of 15 standards that define the knowledge, skills and behaviours expected for staff working in health and social care settings.
- The registered manager also put staff forward for specialist training in their field of work. They valued all staff equally no matter where in the home they worked. For example, kitchen staff had recently been signed up for apprenticeships.
- Staff felt supported by the management of the home and the provider. Comments included, "I have a supervision every three months," and "I feel really well supported. You are never alone working here; there is always someone to ask."

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

- People were supported to eat a healthy, balanced diet full of choice and that met their needs and preferences. Comments included, "Nice food…You can have food outside mealtimes, if you are hungry", "Good food here" and, "There is lots of choice around food."
- People chose where they ate, and their decisions were respected. Specialist cutlery was provided and support for those who required it. People chose between two plated meals and were offered gravy with, multiple options of where it was placed. However, no options were offered about which side vegetables

people would like. The registered manager informed us they would change this.
● Staff supporting people with their meals showed kindness and patience. No one appeared to be rushed. However, in the dementia unit staff focussed on supporting people in the main dining room. Improvements could be made to increase support for people choosing to eat in their bedrooms or other areas of the unit. The registered manager told us they would follow this up.
● The kitchen staff told us how they helped people to celebrate special occasions and mark festivals. On the day of the inspection a birthday cake had been made for one person. Staff said they had made special meals and cakes for Burns night, Valentine's day and a talent competition among other festivities.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare services. The GP visited weekly and nurses said they had access to the GP between visits if required.
● Staff had an excellent familiarity of the people who lived at the home and gave examples of where other healthcare professionals had been involved in people's care. However, there were occasions care plans did not fully reflect staff knowledge. We raised this with the registered manager who had already identified training for staff on record keeping.
● Records showed people had been reviewed by specialists such as tissue viability nurse or speech and language. Their guidance had been included in care plans. Nurses said they also had access to the local hospice for advice and support for end of life care.

Adapting service, design, decoration to meet people's needs
● People were able to decorate their bedrooms with their own belongings to meet their needs and wishes. Some people chose to display items reflecting their religious beliefs. Other people had pictures and possessions from the home they had moved from.
● Clear signs were placed around the home to act as visual prompts for people who may have sight or memory loss. In the dementia unit people had chosen not to have dementia specific sensory items and had puzzles instead.
● Interactive televisions were purchased during the pandemic which were popular amongst the people. However, there were areas of the home which looked tired and needing redecoration. The registered manager explained the COVID-19 pandemic had placed delays on the work. During the inspection plans were completed ready for the work to start imminently.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● People's legal rights were protected because trained nurses demonstrated a good knowledge of the

Mental Capacity Act and how to apply it in practice. The nurses gave examples of when decisions had been made in a person's best interests and who had been involved in these decisions. Relatives confirmed they were involved when a person lacked capacity. One relative said, "We have power of attorney and we are very much involved."

● However, not all MCA assessments and best interest decisions were recorded in the care plan. For example, where one person had moved rooms the trained nurse was able to tell us who they had consulted and why. This was not reflected in their care plan. Other decisions, such as having a vaccination against COVID-19 were recorded.

● People with capacity were supported to make decisions for themselves. It was clear even choices carrying more risk were respected by staff. Checks were regularly made to see if they had changed their mind and take actions if they had. For example, people with capacity made informed choices about refusing repositioning.

Good

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and provider promoted a positive culture that valued people and the staff. People and relatives were positive about the registered manager and the culture they promoted. One person had an unrushed, positive interaction with the registered manager as they were showing us around. Comments included, "[The registered manager] is very approachable. She is in a different building from Mum but if I want to see her I just pop over" and, "[The registered manager] is very nice. I talk to her about all my concerns."
- Staff were equally as positive about the registered manager and spoke highly of them. They often describe the culture of being like a family. One staff member said, "This is more than a job to me. We are like a family and we talk through everything."
- Systems were in place to monitor and drive improvement at the service. For example, they had been monitoring falls and this resulted on making decisions about equipment in place and referrals to specialists. The provider was responsive to anything found during the inspection and immediately acted.

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 registered manager and staff were clear about their role and responsibilities in being open and transparent when something went wrong. One relative said, "Mum has had the odd fall, usually a gentle glide to the ground and I am told straight way."

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

- Staff were clear about their roles and responsibilities at the home. One relative said, "The nurses are wonderful, and the carers take their lead." The nurses met regularly with the registered manager to discuss the running of the home.
- Staff felt supported by the management especially during the COVID-19 pandemic. Nurses said the provider had been particularly supportive during the height of the pandemic. They told us this made them feel valued.
- Trained nurses were clear of their responsibilities and said they had regular clinical discussions with the registered manager. Additionally, they were sent on specific clinical training related to their roles.
- The registered manager and provider were knowledgeable about their roles and responsibilities. Clear policies and procedures were in place. Additionally, systems to monitor how these were being applied

across the home by staff. The provider had already identified issues found on inspection and action plans were in place. For example, in relation to care plans needing to have more detail the staff know.

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

● People had regular meetings to share their ideas, needs and wishes for improving the home. They could also share what they felt was going well.

● The registered manager told us there were arrangements in place to meet people's cultural and religious needs. These continued during the COVID-19 pandemic when they arranged religious representatives to follow people's end of life wishes.

● Staff had regular meetings to discuss the running of the home. Information was shared and opportunities to discuss learning, or changes that were required. Staff felt they were respected as individuals by the provider and management.

Working in partnership with others

● The management promoted positive working with other health and social care professionals. There were weekly doctors rounds to discuss the changing needs of people. The provider's representative was aware that one relationship needed some work which they would support the registered manager with.