Lakeshore Healthcare Limited

St David's Nursing Home

Inspection report

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Norfolk
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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 David's is a residential care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

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

Risks relating to people's individual needs and the environment were identified and planned for. People felt safe living in the home and staff understood how to keep people safe. Staff were recruited in a safe way and there were consistently enough staff to meet people's needs. The service was clean throughout and staff took precautions to minimise the risk of infection. Accidents and incidents were investigated and reviewed to mitigate further occurrences. Medicines were managed in a safe way and staff received training in relation to this.

We made a recommendation because decisions to be made in people's best interests were not always documented. However, our findings confirmed 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. Staff received training relevant to their roles and attended regular supervisions. People enjoyed the food and people were supported to maintain a healthy nutritional intake. Staff worked with other healthcare professionals to ensure people received coordinated care to meet their health and wellbeing needs. People were able to see their GP when they requested.

People were involved in the planning of their care and staff had time to spend speaking with people. Staff knew people well and treated them in a way which upheld their privacy and dignity.

People's care was planned in a person-centred way and their care was reviewed regularly. Staff supported people to maintain their interests and were able to have visitors without restriction. No complaints had been received about the service in the past year, but people felt able to raise a complaint if needed.

There were systems in place to monitor and assess the quality of service being delivered. People, their relatives and healthcare professionals were asked for feedback about the service and action was taken in relation to any negative responses. The service was well-led, people knew who the manager was, and staff felt supported by the manager. Staff attended regular meetings and were clear about their roles.

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 this service was Good (published 25 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up
We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

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 caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

St David'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 Care Act 2014.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
St David's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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
This inspection was unannounced.

What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority safeguarding and quality assurance teams. We used all of this information to plan our inspection.

During the inspection-
We spoke with five people who lived in the service and the relatives of two people. We also spoke with the

registered manager, deputy manager, training co-ordinator, three members of care staff, a member of maintenance staff and the activities co-ordinator. We looked at the care records for five people and the medicines records for four people. We reviewed one staff recruitment file, staff training records and a range of quality monitoring records which related to the day to day running of the service.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- One person's relative explained how staff were quick to respond to their family member to reduce their risk of falls and explained what action staff took to consistently minimise this risk. They added, "The staff are very good, I feel [family member] is in safe hands."
- Where people were at risk of falls, we saw their rooms were kept free from obstacles and staff carried out regular checks to ensure people's safety.
- People's wishes had been taken into consideration when planning for known risks, for example, we saw a risk assessment was in place for one person who had chosen to refuse elements of their care and treatment. Additional records showed staff followed the risk assessment and sought advice from healthcare professionals when necessary.
- Some people showed behaviour which challenged. There were person-centred risk assessments in place which detailed what support people needed. Staff we spoke with told us how they supported people who showed behaviour that challenged. This confirmed they were following the advice in people's care records.
- Equipment such as hoists were serviced regularly and checks on firefighting equipment were also carried out. There was also regular servicing of utilities such as gas, electrical equipment and water safety testing.
- Accidents and incidents were recorded in detail. The registered manager reviewed these records to identify any triggers and what could be put in place to mitigate the risk of future incidents.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living in the home. One person said, "I feel safe in their care here." One person's relative commented, "I feel that [family member] is a lot safer here."
- Staff understood their responsibilities in relation to safeguarding people and knew who to report concerns to. There was also information about the local safeguarding team displayed on noticeboards throughout the home.
- Staff received training in safeguarding and training records confirmed this.

Staffing and recruitment

- People we spoke with told us there were consistently enough staff. One person explained, "[The staff] come quickly if you press the bells." One person's relative commented, "There's always someone about, making sure everyone is okay." Our observations showed there were consistently enough staff across all areas of the home.
- There were safe recruitment procedures in place. The registered manager told us all staff had to have a satisfactory check from the Disclosure and Barring Service completed before they commenced their employment. This ensured staff were of a suitable character. In addition to this two references were sought.

We checked one staff recruitment file and saw these checks were undertaken.

Using medicines safely

● A review of people's Medicine Administration Record charts showed people were given their medicines as prescribed. We did not identify any gaps on the charts. We counted some stock of the medicines and found these tallied with the amount which should be in stock.

● Medicines were stored at the correct temperatures and records were kept of the temperatures to ensure they remained stable.

● Medicines which were administered covertly were reviewed regularly and plans for this were detailed. For example, one record we reviewed in relation to covert administration was very detailed and had been written in consultation with a pharmacist, GP, and the person's next of kin. Records were also reviewed monthly.

● Some people were prescribed medicines on a 'when required' basis, there were protocols in place for these medicines in both people's medicine records and care records.

Preventing and controlling infection

● The service was clean throughout and there were no malodours within the home. We saw the kitchen was also clean.

● Our observations showed staff wore disposable gloves and aprons when attending to people's personal needs or when handling food and entering the kitchen. Gloves and aprons were readily available throughout the home.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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.

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 mental capacity had been assessed and DoLS applications had been made where appropriate.
- Best interest decisions made about people's care and treatment were not consistently documented. For example, one person was unable to consent to taking their medicines and these were given covertly. This was not documented as a best interest decision or in their DoLS application. A second person required bedrails to ensure their safety whilst in bed, there was no best interest decision for this.
- Best interest decisions were not decision-specific. For example, the best interest decision for one person stated decisions relating to all activities of daily living and personal care needed to be made for this person. A best interest decision for a second person detailed decisions about their care needs, all aspects of personal care and food and fluids needed to be made for them.
- Not all of the staff we spoke with had a good understanding of the MCA and best interest decisions.
- After our inspection, the registered manager informed us they would review people's care records to ensure best interest decisions were clearly documented.

We recommend the registered manager reviews people's care records to ensure best interest decisions are documented and are decision-specific.

● Whilst not all staff had a good understanding of the MCA, they understood the importance of offering people choice and gave us example of how they maximised people's ability to make choices about their day to day lives. One member of staff told us, "Consent is very important. Speaking simply, clearly, can they [understand] the question?" They added they would use image boards or sign language to gain consent. Our observations confirmed staff offered people choice.
● People we spoke with told us staff gained their permission before providing them with care and treatment. One person explained, "I've never felt they don't ask for [permission]. There is a fairly good two-way communication system." One person's relative said, "…[the staff] ask for [family member's] permission before they do anything."
● People's care and treatment needs were assessed prior to making a decision about moving in to the home. This helped to ensure the service could meet people's needs.

Staff support: induction, training, skills and experience
● New staff completed an induction, during this time staff shadowed more experienced members of staff. The training coordinator told us they also observed new staff to ensure they had the skills to carry out their role.
● All staff attended regular supervisions where they discussed their performance and training needs with a senior member of staff. Staff also had yearly appraisals of their work.
● Staff were expected to complete all of the provider's mandatory training and records showed there was a high compliance with training. Training was delivered via face to face or through workbooks. In addition to the mandatory training, staff completed courses relating to people's individual care needs.
● All nurses working in the home completed their revalidation. Revalidation is when nurses undertake study and submit reflective accounts to ensure they remained safe to practice throughout their career.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed the food and were given choices. One person explained, "[There is] salad every day plus two hot mains and two puds. I expect they would find you something if you didn't find something you liked. I've never had that problem." A second person told us, "The food is all right. I am offered a choice. I have all my meals [in my room], my choice. They give me options [of meals]."
● Some people had their food and fluid monitored if there were concerns about their food and fluid intake. We saw staff took action and referred people to the Speech and Language Therapy Team or the dietician if there were concerns about their nutritional and hydration needs. Staff we spoke with knew about people's different dietary requirements and we saw people's meals were prepared according to their specific needs. If people refused fluids, staff offered people jellies and soups to help increase their fluid intake.
● People were able to choose where they had their meals, there were two dining rooms and some people preferred to eat in their rooms.
● Our observations showed the kitchen was clean and staff wore gloves and aprons when handling people's food. We also saw meals were delivered to people with plate covers on, this ensured people were not served cold food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with other services and agencies to ensure people received continuity of their care when they moved into the home. One person's relative told us there had been good continuity of care with their family member's medicines.
● We saw from some people's care records they had regular reviews of their care needs with their social worker. This helped to ensure they were receiving the right level of support or to identify any further needs.
● People we spoke with told us they were able to see a doctor or other healthcare professions when needed.

One person told us, "Anything you'd complain of, you'd see a doctor." A second person commented, "The staff arrange for me to see a doctor or a dentist."

● A review of people's care records showed timely referrals were made to healthcare professionals and guidance from professionals was documented.

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

● The service was designed in a way to meet people's needs. There were wide corridors and people were able to easily access different areas of the home. There were a number of different communal areas where people could spend time with other people living in the home or their own visitors. People could also access a large garden area.

● The registered manager had identified some people's rooms were not big enough to accommodate hoists without having to move some of the furniture out of the room. Plans were in place to extend the size of some of the rooms and to include an en-suite. Raised flower beds were also being built in the garden to make gardening more accessible for people.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and their relatives we spoke with were positive about how staff treated people. One person commented, "The staff are lovely, all of them." A second person said, "The staff here are pleasant, friendly. They help you. They really are good, and they are fun people too, really." One relative explained their family member required a cream to be applied and staff gave them "A lovely massage" when they applied it.
- Our observations showed staff treated people in a kind way and took their time when supporting people. We saw one member of staff gently helping one person to mobilise, they were guided by the person whilst offering encouragement and ensuring they were comfortable once they sat down.
- Staff we spoke with had a good understanding of people's care needs and personal histories. One person told us, "I think they know me as a person, we all talk together." One member of staff we spoke with explained they researched someone's religion so they could talk about it more with them as they knew how important it was to the person.

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

- We received mixed views when we asked people and their relatives if they were involved in care planning. One person told us, "I haven't read a care plan here, I think they've updated my one from before [from another service]." A second person explained, "They involve me in discussions about care."
- Staffing rotas were organised, so staff had time to spend with people. One member of staff told us, "[We] usually have time to have a chat with people in the afternoon or morning. Especially those who are at risk of being lonely. I would have a cup of tea with them."
- Staff we spoke with understood the importance of involving people in their care and giving them choice. One member of staff explained, "The person is always at the centre of discussions around care plans." They added, "I would ask [person's name] what sort of clothes they'd like." Throughout our inspection we saw staff consistently offered people choices, for example we saw staff offering people a choice of drink and what they would like to watch on the TV.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. One we spoke with told us they liked to wash some of their clothing themselves. A second person said, "They give me my brush, I brush my teeth, I wash my face, they let me do as much as I can."
- People were cared for in a which upheld their dignity and privacy. One person we spoke with told us, "They are very respectful of my dignity. They wouldn't intrude." One person's relative told us how staff knocked on their family member's door before entering.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

● People's care was planned in a person-centred way. However, people's care records contained a lot of information and were sometimes difficult to navigate. Whilst regular reviews of records took place, some care plans and risk assessments had not been rewritten for a number of years. Information about significant changes to people's care needs was either documented in the review section or handwritten onto the original document.

● People's care records would also benefit from being explicit about what people could do for themselves in order to maintain their independence. We were assured through our conversations with people and staff that people were supported to be as independent as possible.

● We saw some good examples of person-centred care planning. For example, each person had an oral health care plan in place. These were detailed and gave information about the person's oral health and what specific oral hygiene products the person used.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Information was available in accessible formats and staff adapted their communication to meet people's needs. One member of staff explained how they used picture boards to communicate with one person.

● The registered manager told us any information could be adapted to meet people's needs. They gave us examples of when they have used this in the past, for example, use of pictures and giving people information in a different language.

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

● People were encouraged to have their relatives and friends visit. One person's relative told us, "The service is very welcoming for relatives, the restrictions on us coming in are very limited." Our observations showed people's visitors were made to feel welcome and were able to stay for meals with the person they were visiting.

● There was an activities coordinator employed who organised group activities and spent time individually with people. One person told us, "I'm not bored. I like reading and writing and gardening, able to plant [our] own plants. I don't like being lonely, I like the company of being here." The registered manager told us staff took people to the garden centre to choose plants for the garden.

● People were supported to practice their religion. One member of staff told us they went to Church with one person. One person explained, "Once a month two people take Communion, once a month the Anglican Church comes too. We do get singers and once a fortnight a keyboard player comes."

Improving care quality in response to complaints or concerns

● People we spoke with felt comfortable about raising a complaint if needed. One person we spoke with told us, "…I'd grumble at the staff first, as not fair not to raise it with them first." A second person told us, "You feel you can tell staff if you have a bit of a grievance."

● No complaints had been made about the service in the past year. There was a complaints policy in place which detailed how complaints were dealt with.

End of life care and support

● Not every person had an end of life care plan in place. We saw some advanced care plans in people's care records. These detailed people's wishes at the end of their lives. This included who they would like to be with them and their funeral arrangements. Staff were able to tell us how they would care for people at the end of their lives.

● The registered manager explained that some people and their families did not wish to discuss their end of life preferences and this wish was respected.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- People we spoke with told us they liked living in St David's. One person told us, "I love it here, I can find no fault with anyone." Staff we spoke with enjoyed their work and felt the staff team worked together well. One member of staff explained, "Staff morale is very high. We're not overworked, we're a good team, we get along. We help each other out, it keeps the morale up."
- The registered manager was a visible presence in the home. People spoke positively about the registered manager and felt able to speak to them. One person told us, "Yes, we see [registered manager] frequently. Perfectly approachable."
- People and staff we spoke with felt the service was run well. One person told us, "It just all runs very smoothly around, I don't think we have any problems." One member of staff explained, "Management here are very good, they keep us all in check, they listen to any concerns, they will listen. Would address any concerns as quickly as possible."
- The registered manager understood their duty of candour and notified us of reportable incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear staffing structure in place and staff were clear about their roles. One member of staff told us, "[The] senior decides which [staff] will be responsible for who." Our observations showed staff carried out their roles with minimal supervision, however, senior members of staff such as the nurses were available to support more junior colleagues.
- The registered manager and deputy manager undertook a range of quality monitoring audits to monitor and assess the safety and quality of service being delivered. A review showed these were carried out at regular intervals. We found the care plan audit had failed to identify the lack of best interest decisions in people's care records.
- The registered manager told us people's care records would be electronic from March 2020, they told us this would improve the quality of the care plans at the new system would be easier to update and would remind staff when people's care needed reviewing.
- The nurses working in the service had 'link roles.' This involved them attending training to develop their knowledge in specific areas so they could oversee the quality of care and treatment in their designated role. Such link roles included tissue viability and infection prevention.

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

● People and their relatives were able to share their views about the service through regular quality questionnaires. We reviewed a sample of completed questionnaires and noted a majority of the responses were positive. The registered manager had reviewed the responses and developed an action plan to address any concerns raised.

● Health professionals were asked for feedback about the service, we reviewed a range of responses which were all positive.

● Staff attended regular meetings. A review of the meeting minutes showed agenda items included people's care needs, health and safety and training.

● People were kept up to date about changes in the home. One person told us they had been informed of the recent building works and were able to look at the plans. There were noticeboards throughout the home which displayed a range of information such as upcoming activities.

Working in partnership with others

● The registered manager told us they held regular meetings at the home for other managers. They said this was useful for sharing knowledge and skills.

● Staff at the service worked with other services to achieve good outcomes for people. For example, staff worked with an advocate and a GP to plan one person's care in their best interests.