

St Anselm's Nursing Home

St Anselm's Nursing Home

Inspection report

St Clare Road
Walmer
Deal
Kent
CT14 7QB

Tel: 01304365644

Website: www.stanselmsnursinghome.co.uk

Date of inspection visit:
06 June 2023

Date of publication:
27 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Anselm's Nursing Home is a residential care home providing personal and nursing care to up to 26 people. The service provides support to adults who have mental health needs. At the time of our inspection there were 25 people being supported in one large adapted building.

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

People told us they felt safe, and staff were kind. Relatives told us, they were happy with the support people received and their relatives appeared happy and content.

Medicines management had improved since the last inspection, medicines records were accurate, and people received their medicines as prescribed.

Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate the risks. Accidents and incidents had been recorded and analysed to identify patterns and trends, action had been taken to reduce the risk of them happening again.

There were enough staff to meet people's needs, who had been recruited safely. People and relatives told us, staff supported them to go to church, out to appointments and shopping trips.

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.

Checks and audits had been completed on the quality of the service. People, staff and relatives had been asked their opinion of the service and to make suggestions. There were systems in place to protect people from abuse and discrimination, the registered manager understood their responsibility to report any concerns to the local safeguarding authority.

People, staff and relatives told us the provider and registered manager were approachable and they were comfortable to raise any concerns with them. Relatives confirmed they were kept informed of any accidents or changes to their relative's needs.

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 29 April 2022). 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 received concerns in relation to how people were supported to make decisions about sharing bedrooms with people they did not know. We carried out an unannounced focused inspection of this service on 15 March 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Anselm'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 was completed by an inspector.

Service and service type

St Anselm'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 Anselm'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 3 relatives about their experience of the care provided. We spoke with 3 people who were happy to speak to us about their experience of living at the service. We spoke with a healthcare professional who was visiting the service. We observed staff interactions with people in the communal areas. We spoke with 8 members of staff including the registered manager, the provider, administrator, senior carer, care staff and the maintenance person.

We reviewed a range of records. This included 5 people's care plans and all the medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the had failed to ensure proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 12.

- At our last 2 inspections, medicines had not been managed safely. Medicines administration records (MAR) had not been accurate and people had not always been given their medicines as prescribed. At this inspection, MAR charts were accurate, staff had signed to confirm they had administered people's medicines as prescribed, the number of tablets available matched the number on the MAR chart.
- Some instructions had been handwritten, these had been checked by 2 staff who had signed to confirm the instruction was correct. The temperature of the medicines storage room and fridge had been recorded to make sure they were within the recommended limits to store medicines, so they remain effective.
- Medicines which require specific storage facilities and 2 staff to sign a register to confirm their administration were managed safely. Some people were prescribed medicines on a 'when required' basis such as pain relief, there were guidelines in place for staff including when to give the medicine and how often.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from discrimination and abuse. Staff were able to describe the signs they would look for when someone was being abused and the action they would take. Staff were confident the registered manager and provider would act quickly to keep people safe.
- The registered manager understood their responsibilities to report concerns to the local safeguarding authority and to work with them to keep people safe.

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

- Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate risks. Some people were living with diabetes, there was guidance for staff about when to give the person's insulin and how this should be adjusted if their blood sugar reading was higher or lower than their normal range.
- Some people experienced anxiety and distress, there was guidance for staff about how people express their emotions and needs, and how they should support people. While in the communal lounge, staff supported people following the care plan guidance and this was effective in reassuring the person.
- When people had poor swallow reflex, there was information about how their food and fluids should be prepared, to reduce the risk of choking. People's meals were prepared as required and staff followed guidance while assisting people with their meals.

- Checks had been completed on the environment and equipment people use to keep them safe. A fire risk assessment had been completed by an external consultant, the provider had rectified the shortfalls found. Equipment such as hoists and the lift had been serviced regularly.
- Accidents and incidents had been recorded and analysed to identify patterns and trends, action had been taken to reduce the risk of them happening again. When someone had slipped while getting out of bed as they had left their socks on, they agreed to have staff check to make sure they took them off.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Before the inspection, concerns had been raised about how decisions were made when people were moving into shared rooms. We discussed with the registered manager how they made the decision about people moving into the service. They told us they considered people's needs and personalities and whether people would be suitable to share, they discussed the situation with people, families and any professionals involved in the placement. Following the concerns, the provider had updated their shared room policy. They had also introduced forms to be completed during the pre-admission assessment to record the discussion about sharing a room and if the person had been accepted or refused.

Staffing and recruitment

- There were enough staff to meet people's needs. The number of staff had been calculated according to people's needs. People and staff told us about shopping trips they had enjoyed, and another person told us staff accompanied them to church regularly.
- People and staff told us there were enough staff to meet people's needs. Staff were asked to cover shifts when colleagues were sick or on annual leave, regular agency staff were used to cover nursing shifts.
- Staff were recruited safely. Staff completed an application form with a full employment history, there were photo identifications and references from previous employment. When people required a permit to work in the country, their credentials had been checked and a risk assessment had been completed if this was their first job. Nurses' personal identification number had been checked to make sure nurses were registered to work as a nurse.

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.

People were supported to have visitors when they wanted, during the inspection people were visited by their friends and family. One relative told us, their father had lunch with his wife and the staff spent time with him chatting and making sure they were well.

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

- At the last inspection, there had been an effective system to check the quality of the service. However, the action taken had not always been effective in the management of medicines. At this inspection, actions put in place following the last inspection had been effective and there were no concerns with medicines management.
- Checks and audits had been completed on all areas of the service including infection control, pressure areas and medicines. When shortfalls had been found, action had been taken, action plans had been put in place and signed off when completed.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. Notifications had been submitted in line with guidance.

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

- There was an open and transparent culture within the service. People knew the registered manager and the provider well, when a person saw the provider, they called after them, the provider knew what the person wanted without being asked. People spent time with the management team in the office, their favourite sweets were kept in the fridge which they enjoyed.
- Relatives told us, they had a good relationship with the provider and registered manager. One relative told us, "They always phone when something has happened, such as a fall, they explain what has happened. They recognise the small things and act to make sure (relative) is happy." And "The manager (name) comes in to take him for appointments including to get his eyes tested, does this as (relative) really enjoys going out. Staff know what he likes and how to cheer him up."
- Relatives told us they were confident to raise any concerns they had with the management team and action would be taken.

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

- People had been asked for their views about the care and support they received. The registered manager spent time talking with people individually, as they had found this more productive than holding meetings. People's comments were recorded in their care plans and updates were made as needed. A newsletter was

produced for people, in pictorial form, about what had happened at the service.

- Relatives and staff were asked to complete quality assurance surveys. The responses were positive, and this was confirmed during the inspection. Relatives were very positive about the care people received, a relative told us, "He is very happy, the body language is positive, he is happy and engages with staff. This is because of the staff, they have a good relationship."
- Staff attended team meetings where they discussed their practice, people's care and any concerns or suggestions they may have.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager attended local forums and associations to keep up to date with changes.
- The service worked with health professionals and the local authority to make sure people received the relevant care and support needed.