Saroia Staffing Services Ltd

St Mary's Nursing Home

Inspection report

101 Thorne Road
Doncaster
South Yorkshire
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Date of inspection visit:
21 August 2018

Date of publication:
26 September 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 21 August 2018 and was unannounced. The provider registered with the Care Quality Commission (CQC) in April 2017. This was their first inspection.

St Mary'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.

St Mary's Nursing Home provides accommodation for up to 56 people. The home consists of two separate units, one providing accommodation and personal care and the other providing nursing care. Some people receiving support at the home were living with dementia. The home is located in Doncaster near to the town centre. At the time of our inspection there were 40 people using the service. This included people who were staying at the home for a short period of respite care.

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems and processes were in place to safeguard people from the risk of abuse. Staff confirmed they had received training in this subject and told us what action they would take if they suspected abuse.

Risks associated with people's care had been identified and actions had been considered to minimise them.

We observed staff interacting with people who used the service and found that there were enough staff available to meet people's needs. However, we spoke with people who used the service, their relatives and staff and were told that sometimes there were not enough staff available to meet people's needs in a timely way.

People received their medicines as prescribed, although we raised some concerns regarding the temperatures of the medicine store rooms and the recording of stock.

We conducted a tour of the building with the registered manager and found some concerns regarding fire safety and infection control. We brought these concerns to the attention of the registered manager who began to take action to address them.

We spoke with staff who felt they had the skills and knowledge to carry out the duties and responsibilities which were expected from them.

People received a healthy, balanced diet which met their needs and preferences. We observed lunch being

served on both units and found people were offered a range of choices.

People had access to healthcare professionals who were contacted when people required their support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service was compliant with the Mental Capacity Act 2005.

We observed staff interacting with people who used the service and found they were kind and caring in their nature. Staff ensured that people's privacy and dignity were maintained. However, information relating to people's care was not always treated confidentially.

People received personal care which met their needs. Care plans were detailed in a way they guided staff in how people preferred to receive their care.

The registered provider employed an activity co-ordinator who organised and delivered social activities.

The registered provider had a complaints procedure and people we spoke with felt able to raise concerns if they needed to.

The registered provider had systems in place to monitor the quality of the service. However, some audits had not been effective. Residents and relative's meetings took place and people felt they had a voice.

We identified two breaches of regulation as the provider did not always ensure medicines were managed in a safe way and audit systems were not always effective. You can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks associated with people's care and treatment were identified and managed safely. However, we raised concerns in relation to the safety of the environment.

People received their medicines as prescribed, however, we raised some concerns regarding stock and room temperatures.

Staff were knowledgeable about safeguarding people from abuse.

The registered provider had a safe recruitment system in place.

There were enough staff available to meet people's needs on the day of inspection. People we spoke with raised concerns regarding staffing levels.

Is the service effective?

Good

The service was effective.

The registered provider ensured that staff received appropriate training and support to carry out their role.

The registered provider was meeting the requirements of the MCA 2005.

People had access to healthcare professionals when required.

People received support to maintain a balanced diet. Meals provided were nutritious and looked appetising.

Is the service caring?

Good

The service was caring.

We spent time observing staff interacting with people and found they were kind and caring in nature.

Information about people was not always kept confidential.

We saw staff respected people's privacy and dignity when offering support.

Is the service responsive?

Good

The service was responsive.

We found people received care that was responsive to their needs.

An activity co-ordinator was employed to ensure people received social stimulation.

All the people we spoke with knew how to raise a complaint and said they felt comfortable speaking with the staff team.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audits were in place to monitor the service; however, these were not always effective.

A range of meetings were held to ensure people were involved in the service.

St Mary's Nursing Home

Detailed findings

Background to this 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.

The inspection took place on 21 August 2018 and was unannounced. The inspection was carried out by one adult social care 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 service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We ask the registered provider to submit a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with seven people who used the service and six relatives of people living at the home. We spent time observing staff interacting with people.

We also 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 spoke with eight staff including care workers, senior care workers, a nurse, catering staff, activity co-ordinator, the registered manager, and the deputy manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Requires Improvement

Is the service safe?

Our findings

We spoke with people who used the service and they all said they felt safe living at the home. Relatives we spoke with felt that most staff understood what care people needed to keep them safe.

We conducted a tour of the home with the registered manager and identified some concerns with the safety of the environment. On the nursing unit we saw that some bedroom doors were propped open with items of furniture and wedges. These doors had no self-closing devises fitted to them. We also identified that there was no risk assessment in place regarding doors being propped open. We raised this with the registered manager who told us the door closures were being ordered one at a time due to the expense of them. Following our inspection, the registered manager informed us that they had been ordered. As an interim measure, self-closing devices from bedrooms which were not occupied were removed and placed on the bedrooms where people were residing.

Due to the nature of these concerns we raised the issue with South Yorkshire Fire and Rescue who conducted an onsite visit to ensure the home was safe.

The registered provider had a system in place to ensure people received their medicines as prescribed. Medicines were stored in medicine storage rooms and the temperature of the rooms and fridges used to store cool items, were checked daily. However, we saw that on several occasions the temperature had been recorded as being slightly above the recommended temperature of 25 degrees. We asked staff what action they took if the temperature was high. Staff told us they recorded it on the temperature sheet, but were not aware of any further actions. We saw a protocol at the side of the temperature sheet with a list of actions to take. This was not applicable to the service as all actions could not be met. For example, the protocol suggested opening a window, turning off the radiator and plugging in a fan. However, there was no radiator or window in the room and no plug socket.

We noted that quite a lot of stock was stored, but there was no record of how much stock was in the home. There were no stock control sheets and no amounts entered on to the medication administration records (MAR's). We asked the registered manager about this and they acknowledged that this should have been recorded. The registered manager informed us that a full medicine audit and stock control would be completed.

Some people were prescribed medication to be taken as and when required known as PRN medicine. We saw protocols were in place and did give some detail. Some protocols required further detail to guide and direct staff regarding when they should be given. We spoke with the registered manager who told us they would review the PRN protocols to ensure they met people's needs.

We found some PRN medication was prescribed to give either one or two tablets. Staff were not clearly recording the amount given, it was not recorded on the reverse of the MAR. Therefore, documentation systems were not followed correctly. Staff also did not record if the medication was effective.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not ensure the safe management of medicines.

We observed staff interacting with people who used the service and found there were enough staff available to meet people's needs on the day of our inspection. The registered manager told us that they used their clinical judgement to determine the number of staff required. However, we spoke with people who used the service and their relatives and they told us that there were times when the staffing levels were low. One person said, "Sometimes they are short staffed and sometimes not." Another person said, "They [the staff] work hard," and, "Yes, they [staff] are very good, just not enough of them." One relative said, "There is definitely not enough staff."

We spoke with staff who agreed that staffing levels were often low. One care worker said, "There is not enough staff to meet the needs of people as they have high dependency needs. We don't very often have time for our breaks."

We spoke with the registered manager who told us they were in the process of recruiting more staff. We were told that the service would not take any more people until the recruitment drive had been completed.

People were not always protected by the prevention and control of infection. The service was clean and fresh with no malodours, however some areas required attention. The sluice areas had storage racks which had become worn and unable to clean effectively. The waste bin in the sluice was also worn and the top was rusty. The registered manager told us replacement items had been ordered.

Risks associated with people's personal care had been identified and were managed in a safe way. People had risk assessments in place to ensure hazards were minimised. For example, one person had a moving and handling risk assessment in place which gave details about how the person was assisted to move safely using a hoist. The risk assessment informed the reader of what type and size of sling to use and the loop configuration required. Another person had a risk assessment in place for weight loss and this detailed actions to take to ensure they received adequate nutrition.

The registered provider had a system in place to safeguard people from abuse. Staff told us they received training in this subject and knew how to respond if they witnessed abuse. One care worker said, "I would raise any safeguarding concern immediately with my manager."

The registered manager had a system in place to record safeguarding concerns and the outcome. This was used as learning and to develop the service.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at three staff recruitment files and found they contained all the relevant checks. Staff told us that they completed an induction when they commenced work for the registered provider. This included training and shadow shifts with experienced staff.

Good

Is the service effective?

Our findings

We spoke with people who used the service and they felt their needs were being met effectively by staff. They told us that their choices were considered and they felt involved in their care.

People were supported by staff who knew them well. Staff we spoke with were knowledgeable about people's needs and preferences and had received appropriate training. Most training was carried our via an eLearning system, but practical training such as moving and handling was completed face to face. We saw training certificates which evidenced what training had been completed.

Staff we spoke with felt supported by the registered manager and the rest of the management team. They told us they received regular one to one sessions with their line manager. One to one sessions were individual meetings with their line manager to discuss work related issues. We saw the registered manager also completed annual appraisals which included a performance review.

People received support to maintain a balanced diet. Meals provided were nutritious and looked appetising. We observed lunch being served in both dining areas and found it to be a relaxing and pleasant experience. People who required assistance were supported by staff who sat with people chatting whilst prompting them to eat their meal.

We saw that drinks and snacks were available throughout the day and easy for people to access. People we spoke with told us they were satisfied with the meals and snacks provided. They told us the food was always well presented and appetising.

One person said they had spoken with the chef about meals as they felt the quality had deteriorated. The chef told them they would look at the food provided and look at how it could be improved.

We spoke with the chef who explained that the meals were on a four week rotationally menu. The chef also informed us that the menu would be changing shortly to take into consideration the feedback from people and to meet their requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found care records contained information in relation to people mental capacity, and decisions made on behalf of people who lacked capacity had been considered in the person's best interest.

People were supported to live healthy lives and had access to healthcare services. We looked at care records and found that people had been referred to healthcare professionals when needed. We saw that advice given from healthcare professionals had been taken in to consideration and entered in people's care plans and followed through.

The design and décor of the premises was tasteful and there were many small sitting areas for people to choose from.

People had access to a garden area which required some attention. We saw garden furniture was available but worn in places. The registered manager told us that the interior had taken priority and that work on the garden area would commence.

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives about the care and support they or their relative received at the home. People told us they were pleased with the care they received and told us staff were caring and considerate. One relative said, "I am full of praise and compliments about the care here. Staff are so caring and compassionate." One person said, "The staff are lovely, nothing is too much trouble."

We spent time observing staff interacting with people and found they were caring in their nature. Staff supported people appropriately, speaking with them in a soft, gentle manner which respected their privacy.

People's information was not always kept confidential. Information relating to people's care was frequently left in communal areas. We spoke with the registered manager about this and were told that it was because staff remembered to record aspects of care given when the documents were on hand. We expressed concerns regarding the confidential nature of the information and the registered manager moved the documents. However, throughout the day the information re-appeared. The registered manager confirmed that information would be stored confidentially in the office and that this would be embedded in to practice.

People were supported to express their views and be actively involved in making decisions about their care. People and their relatives told us they were involved in their care plans and felt their preferences were respected. People's records included a life history, which helped staff understand people's preferences. These included, family life, friends, interests and hobbies and working life.

We spoke with staff about how they maintained privacy and dignity. One care worker said, "I make sure I knock on bedroom doors before entering." Another carer said, "When I am bathing someone I make sure I cover parts of their body with a towel to preserve their dignity."

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their individual needs and preferences. People told us they were involved in their care plans and felt the staff met their needs. We looked at care plans belonging to people and found they were comprehensive and contained relevant information.

Care plans we looked at guided staff in how to provider person centred care for people. For example, one person had a care plan in place regarding pressure area prevention. This gave details about the type of mattress in situ, skin care and how often the person required assistance to relieve pressure. Any concerns noted were recorded and appropriate action was taken. Another person had a care plan regarding keeping active. This detailed what activities the person enjoyed such as watching television. It also stated that activities should be offered although the person did not always enjoy taking part in them.

We spoke with the registered manager about how they supported people in their end stages of their life. The registered manager confirmed that when people are receiving end of life care they ensure people are supported and that their preferred priorities of care are met. This may be what music they would like in their room and how many pillows they require to maintain comfort.

People were supported to maintain relationships with people who mattered to them. Families and friend were free to visit the home at any time. We spoke with visitors to the home on the day of our inspection and were told that they always felt welcome at the service.

The registered provider employed an activity co-ordinator who worked 9.30am to 2.30pm Monday to Friday each week. The activity co-ordinator was responsible for providing social stimulation and events for people. On the day of our inspection we saw people taking part in a sing-a-long and gentle exercise to music which people appeared to enjoy.

The registered provider had a complaints procedure which people were aware of. People we spoke with told us they knew how to raise a concern and felt able to do so. One relative said, "I have read a booklet about how to complain. I am happy to take to staff if I felt I needed to." Another relative said, "If I needed anyone, I would go to the manager." People and their relatives spoken with confirmed that they had never had the need to complain and were relatively happy about the service.

The registered manager kept a record of concerns which showed they were dealt with effectively.

Requires Improvement

Is the service well-led?

Our findings

The management team consisted of the registered manager, deputy manager, senior care workers and nurses. We spoke with people who used the service and their relatives and they felt the home was managed well. People felt able to speak with the registered manager and staff if they needed to.

The registered provider had a system in place to monitor the service. Audits were completed in areas such as infection control, medicine management, health and safety and weight loss. However, the audits were not always effective. For example, the medicine audit completed in August 2018 stated that all medicine store rooms were checked daily and temperature maintained at 25 degrees. During our inspection we found this was very often not the case and the protocol in place to guide staff in how to control the temperature was not appropriate for this service. This audit also stated that a balance of medicine in stock was carried over on to the following months MAR sheets. On inspection we identified that there was no record in place where stock had been recorded.

The infection control audit had not identified the worn items in the sluice areas. Although the registered manager confirmed following our inspection that these were in place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems in place to monitor the service were not always effective.

In addition to the audits completed by the management team, the registered provider carried out regular visits to the home. The registered manager told us that these visits included a tour of the home, talking with people, relatives and staff and looking at any actions which needed addressing. However, as this was not documented at the time of our inspection we could not see if any improvements had been made as a result of them. Following our inspection, the registered manager contacted us informing us that the registered provider's visits would be documented in the future.

People who used the service and their relatives were invited to meetings to discuss the service and told us they had been asked to complete surveys. Relatives felt that surveys were completed informally. One relative said, "They [staff] gave me a piece of paper to fill in." Another relative said, "I have seen a survey form on a desk in reception." We did not see any response to people's surveys or any display which told people what considerations had been made following their completion.

We spoke with staff who told us they felt able to speak with all members of the management team when needed. They told us they were very supportive and understanding.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not ensure the safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the service were not always effective.