

Nellsar Limited

St Winifred's Dementia Residential Care Home

Inspection report

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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

St Winifred's Dementia Residential Care Home is a residential care home providing personal and nursing care to 33 older people at the time of the inspection. The service can support up to 59 people in one large extended building.

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

People and their relatives told us they felt safe at the service. Allegations of abuse were reported to the local authority and investigated appropriately. Staff knew how to recognise signs of abuse and where to report them.

Improvements had been made to people's care plans. People had risk assessments in place, and these gave staff the information they needed to safely look after people. Lessons had been learnt when things went wrong, and accidents and incidents were regularly analysed. People and their relatives felt there were enough staff to meet their needs. Staff were safely recruited, and pre-employment checks had been carried out.

People had their needs assessed before joining the service and care plans were put in place. Regular reviews of people's needs were carried out and using recognised tools. Staff received training relevant to their job role. This was all up to date and staff felt confident within their roles. People were supported to have a healthy diet, given a choice of meals and where necessary adaptations were made based on individual needs.

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.

Improvements had been made to the quality assurance processes. The registered manager and provider had oversight of systems within the service and made improvements where necessary. Staff told us they felt confident to raise concerns and that they felt they would be listened to. Relatives spoke highly of the management team, especially through the current pandemic. Staff received support through meetings and supervisions and were able to give feedback. The registered manager had introduced a system called 'interactive me' to help people stay in touch with their loved ones. The registered manager and provider gave out thank you cards and vouchers to staff who went above and beyond during the pandemic.

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 09 January 2020) and there were multiple breaches of regulation. 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 carried out an unannounced comprehensive inspection of this service on 01 and 03 December 2019, breaches of legal requirements were 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, person centred care and good governance.

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, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

St Winifred's Dementia Residential Care 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.

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 carried out by two inspectors and an assistant inspector supported the inspection off site.

Service and service type

St. Winifred's 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 the 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. 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 used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included three people's care records and multiple medication records. We spoke with five people who live in the service, looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance processes.

After the inspection

We continued to review documentation following the inspection, such as people's care records and the company's policies and procedures. We spoke to six relatives and gained feedback about the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection in December 2019 there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered persons had failed to assess the risks and doing all that is reasonably practicable to mitigate any such risks. At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management

- Since our last inspection improvements had been made to people's risk assessments and care records. People that were living with epilepsy had detailed guidance in their care plans for staff to follow. For example, one person's care plan detailed what the staff should do if they had a seizure and what medication they were on. Staff were able to tell us what they would do in the event that someone had a seizure.
- Diabetes care plans were in place for people and clear guidance was available. They explained on how to identify low or high blood sugar levels individual to that person. Care plans told staff what to do in the event this happened, and staff were able to explain this to us.
- Individual covid-19 risk assessments had been put in place for people during the current pandemic. This is to help reduce the risk of people contracting the virus. Care plans were updated to reflect this.
- Risks to the environment including fire risks were managed. Regular health and safety checks were in place and carried out both internally and externally. This included legionella management and equipment safety checks.

Learning lessons when things go wrong

- At our last inspection there was no analysis in place to identify potential patterns or trends of accidents or incidents. The registered manager now introduced analysed them monthly and potential patterns were looked at and actions were taken to prevent reoccurrence.
- Accident and incidents were appropriately managed. Staff completed a record of what happened, and any actions taken following incident. This included liaising with relevant healthcare professionals and updating care documentation to reduce future risks. A person told us staff took appropriate action to get them help following a fall.
- Staff understood their responsibilities to report incidents and accidents following the company's policy. The staff were confident in the management to make any necessary changes. One staff member said, "[The registered manager] looks at it straight away and looks at what can be done differently"

At our last inspection in December 2019 there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered persons had failed to manage medicines safely. At this inspection we found that improvements had been

made and the service was no longer in breach of Regulation 12.

Using medicines safely

- People were supported to take their medicines safely. Care plans and risk assessments were clear and included guidance for staff to follow. For example, what support the person needs and what to do if they refused their medicines. People told us they got their medicines when they needed them.
- The service held medication administration records (MAR) for each person. These were used to record when a person had been assisted with their medicines. Previous concerns that were found around hand written MARs had been rectified and staff had clear guidance to follow.
- Improvements had been made to the management of medicines. Where medicines required two staff to book them in this was always carried out. MARs were regularly audited which identified areas for improvement and actions taken.
- Medicines prescribed on a 'when required' basis (PRN) were managed safely. Protocols were in place to give guidance to staff on when and how to administer the medicine. Staff recorded when the medicine had been given and when necessary recorded how much.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the service. One person said, "The staff are very good, they help with everything I need them to." Comments from the relatives included, "Oh god yes, I've never had a problem since we put her in there, I feel she is very safe." And, "She is very safe there, no issues what so ever, I would speak to the girls if I did."
- Staff had received training in safeguarding and were aware of their responsibilities. Staff told us they were able to recognise signs of abuse and where to report concerns. They were confident to raise concerns with the registered manager and they would be investigated.
- Safeguarding policies and procedures were in place and regularly reviewed. The registered manager knew their responsibilities in managing safeguarding concerns effectively to protect people. Previous concerns had been investigated and actions had been taken to reduce the risk of reoccurrence.

Staffing and recruitment

- People we spoke with told us they felt there were enough staff. Comments included, "We always seem to do alright if I ring a bell they come" and, "Yeah you don't have to wait its adequate."
- Relatives we spoke to did not have concerns about staffing levels at the service. When we asked if they felt there was enough staff to meet their relative's needs, comments included. "Yes, I haven't had any problems at all, I know that if I had to look after her 24/7 I couldn't do it. She is much better where she is now." "Yes, the girls in the office are brilliant always able to contact them."
- At our last inspection we found gaps in staff's previous employment records. All records reviewed during this inspection included previous employment with any gaps explained.
- Staff were recruited safely following the organisations policy and procedure. Pre-employment checks were satisfactorily completed for all staff before they began working at the service. These checks included two references, full employment history, right to work in the United Kingdom and Disclosure and Barring service criminal records checks (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Preventing and controlling infection

- Staff had been trained and understood the importance of using personal protective equipment (PPE) especially in the current pandemic. We observed staff using the correct PPE throughout the inspection and PPE stations were available around the service.
- The service was clean, and we observed regular cleaning being carried out throughout the inspection.

Housekeeping hours were increased during the pandemic and a new night time position had been filled. This helped thorough deep cleaning to be carried out.

● Isolation practices were followed for any new people entering the service or if people had been in hospital. Regular testing of people and staff was being carried out.

- 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.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in December 2019 there was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered persons had failed to design care or treatment with a view to achieving people's preferences and ensuring their needs are met. At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 9.

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

- People had their needs assessed before coming into the service. Pre assessment documentation included information on people's needs such as mobility, personal care, and eating and drinking.
- People's care plans contained a variety of assessments and care plans. For example, care needs assessment, health and oral care plans. This gave staff relevant information to care for people in a person-centred way.
- People had their care under regular review and assessment. Care staff assessed people's needs using best practice guidance, using recognised tools.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. During the pandemic the service changed their training to an online platform, this was a safer way for staff to receive training. All training was up to date, including refreshers, this was confirmed by reviewing training records. We observed staff safely transferring residents using equipment and appropriate moving and handling techniques.
- People were supported with their individual health conditions. Staff had received training in dementia care, diabetes and end of life care. Staff were able to tell us how this training helped them in their role.
- Staff received an induction before working at the service, which included completing a variety of training. Staff told us the induction helped them feel confident in their role. Comments included, "Yes I had a massive folder with everything in, covered everything I needed, I did some shadow shifts at the beginning which was really good to get to know people and what they like."
- Staff had received regular supervision alongside regular staff meetings. Staff told us they were able to raise any concerns they may have in a supervision. We looked at a couple of supervisions for staff during our inspection which gave staff an opportunity to talk.

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

- People were supported to eat a balanced diet. The chef had put together a four-week menu based on people's preferences and included a variety of options for people to choose from each day. If people did not

like what was on the menu an alternative was offered.

- We observed people being given choice throughout the inspection. During the lunch service, a choice of two puddings was given. Where one person couldn't work out what the options were, staff presented the puddings for the person to pick.
- People who were at risk of malnutrition and dehydration were supported. Care plans and risk assessments detailed how staff supported people to eat. For example, one person only ate with help from their son, this was risk assessed and continued through the pandemic.
- Staff knew how to support people with diabetes or at risk of choking. Procedures were available in the kitchen to guide staff on what food is suitable for diabetics. We observed food that was safely pureed for people to reduce to risk of choking.

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

- Staff contacted the GP when people became unwell. Due to the current pandemic some calls were done via videocall. Care plans were updated to reflect people's changing needs and gave guidance for staff to follow.
- People with specialist health conditions such as diabetes and epilepsy were under constant review. Staff worked with other agencies to ensure effective care for people. For example, we reviewed care plans with intervention from the diabetic nurse specialist.
- People were supported to attend health care appointments throughout the pandemic. The registered manager ensured testing and isolation procedures were followed where necessary. For example, if people required a length of stay in hospital.

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

- A visiting pod had been designed to help people see their loved ones during the pandemic. The service had ensured guidelines were followed to ensure safe visits. People's mental health and wellbeing had improved since the visits and relatives told us how happy they were with the arrangement. Comments included, "The visit was excellent, they have gone above and beyond in making it safe and secure," and "I think they are dealing with it spot on, went to visit her yesterday, they were more than accommodating, they have done an excellent job, nice and warm lovely comfy chairs, not rushed."
- The service was one large extended building over two floors. The building had been adapted to meet people's needs. There were communal areas on all floors and a lift, so people could access all the floors.
- Improvements were being made to the decoration of the service. Some of the lounges had been decorated recently and there was a plan for this to continue. People's bedroom doors had photos on them and there were pictorial signs for communal rooms so people could find their way around the building.

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

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

People can only be deprived of their liberty to receive care and treatment 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.

- Staff understood how to support people to make decisions and why it was important. We observed staff giving people options throughout the inspection, including activities of daily living. Staff understood that people had the right to refuse care, one staff member told us, "I would ask them again, if not I would leave them and come back later. I wouldn't go in and make them have their care, it's their choice."
- People had capacity assessments and best interest decisions where they lacked capacity in their care plans. Decisions were made in people's best interest and relevant people were involved.
- Some people had DoLS authorisations in place. When conditions had been placed on authorisations, these conditions had been met.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in December 2019 there was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered persons had failed to assess, monitor and improve the quality and safety of the service. They had failed to maintain contemporaneous record in respect of each person. At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 17.

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

- Improvements had been made to the quality assurance processes within the service. Regular audits had been carried out at both management and provider level. The registered manager had oversight of areas such as medicines management, care plans, infection control and various risks to people. When shortfalls were found, the registered manager took appropriate action and the provider had oversight of this.
- The registered manager understood their role and regulatory responsibility. They understood that important events such as death had to be reported to the Care Quality Commission (CQC). Notifications had been made appropriately.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the agency can be informed of our judgements. We found the registered manager had clearly displayed their rating on a notice board within the service and the provider had displayed the rating on their website.

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

- Staff we spoke to were positive about the management team and felt their door was always open. Comments included, "Very well, no concerns. I think through the pandemic our manager and management team have done really well, they have made room for the residents to see visitors. They are doing what they can for wellbeing of the residents." "100% I really do think so. It's not a regime or dictatorship its relaxed. We see the area manager who is approachable as well."
- People and their relatives felt the service was well managed. A person told us, "Oh yes it is! I'd know and I'd complain if it wasn't, I feel I get everything I should." Relatives told us, "I think they have always been ahead of the game, they have managed it really well, "I get regular emails from [registered manager] and if I need to know anything, I can ring them."
- The registered manager introduced a reward scheme for staff during the pandemic. Staff got thank you cards and vouchers when they went above and beyond in their role. This was welcomed by staff and they

felt appreciated for their work.

- The registered manager had empowered lead roles to take on more responsibilities. Daily flash meetings were held to discuss any concerns that had arisen and what action to take to support people safely.

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 was clear about their responsibilities under the duty of candour. They were open and transparent when things went wrong and looked at lessons learnt.
- Relatives we spoke with said the registered manager had been honest when things had gone wrong. One relative told us, "They administered the wrong medication once and informed me straight away, they also got a doctor in and she was fine."

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

- During the current pandemic surveys had been put on hold. Changes were needed to the wording of the document to reflect the current climate. Regular contact had been made via newsletters and the home held a zoom meeting for people and their relatives. A relative told us, "We had a relatives meeting a week or so back to ask questions, there was a lot of other relatives involved. The zoom one was the first one, before that it would be at the home. I think it's important to be kept informed, we do get newsletters with updates which is good."
- The wellbeing team spent time with people to get feedback about the service. Daily chats consisted of more informal discussions, but everyone had individual time scheduled in. This gave people an hour of one on one time with a staff member regularly.
- The registered manager held regular meetings with the staff. Formal meetings with each department were held every six to eight weeks. Staff told us they were able to raise issues, one staff member told us, "We have flash meetings every day, the head of each unit. 6-8 weekly staff meeting. The staff room upstairs had no bin, I reported it to [registered manager] and it was sorted the next day a bin was put back."

Continuous learning and improving care; Working in partnership with others

- 'Interactive me' had been introduced since the current pandemic for people and their relatives. This has helped people keep in touch with their loved one through pictures and videos. This had been positive for people living at the service, one relative told us. "Now they have all the interactive me set up its very good, she loves her singing."
- The registered manager had built links with the local community. Local businesses have donated gifts to people during the current pandemic. The local nursery had stayed in contact by singing carols outside the window, baking people cakes and being pen pals.
- The service continued to work with health and social care agencies to ensure people received joined up care.