We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## St Andrew's Nursing and Care Home

Main Street, Ewerby, Sleaford, NG34 9PL  
Tel: 01529460286

Date of Inspection: 05 November 2014  
Date of Publication: November 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓ Met this standard</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
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<th>Details about this location</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Provider</td>
<td>Jasmine Health Care Limited</td>
</tr>
<tr>
<td>Registered Manager</td>
<td>Miss Stella Woods</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>St Andrews Nursing and Care Home is registered to provide nursing and personal care for 46 people. The people who use the service are older people some of whom live with dementia. The service is close to the centre of Ewerby which is a village that is approximately five miles from Sleaford.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service with nursing</td>
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</table>
| Regulated activities      | Accommodation for persons who require nursing or personal care  
                                 Diagnostic and screening procedures  
                                 Treatment of disease, disorder or injury |
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether St Andrew's Nursing and Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safety and suitability of premises
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 November 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

This summary is based on information we obtained when we visited the service on 05 November 2014. We completed this inspection to check that the provider had made the improvements that we said must be made when we inspected the service on 10 June 2014. At our earlier inspection we found that improvements needed to be made to the way in which people were supported to eat and drink enough. In addition, we said that improvements were needed to the way some people were assisted to avoid developing pressure ulcers.

We found that improvements also needed to be made to parts of the accommodation in order to provide people with a safe setting in which to receive care. This was because repairs needed to be made to the passenger lift. In addition, we noted that the provider had not made robust arrangements to reduce the risk of people being accidentally burnt by radiators that were not fitted with guards.

Furthermore, we found that there were shortfalls in some of the quality checks that had been completed. This was because they had not effectively identified and resolved the problems we had noted during the course of our inspection. In addition, the provider had not completed an up-to-date assessment of the fire safety system used in the service. This oversight had contributed to some routine fire safety checks not being completed. These mistakes had reduced the level of fire safety protection available in the service.

We said that all of the shortfalls in care delivery and accommodation needed to be addressed. This was necessary so that people could receive responsive care in a safe setting.

After our inspection dated 10 June 2014 the provider wrote to us and said that it had made
the improvements that were necessary to address all of our concerns.

Our inspection dated 05 November 2014 examined the way in which people were supported to eat and drink enough and to keep their skin in a healthy condition. In addition, we looked at how people were protected from avoidable environmental hazards. Further, we established what steps had been taken to strengthen the way in which quality checks were completed.

We found that the provider had introduced all of the necessary improvements.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

| Care and welfare of people who use services | Met this standard |
| People should get safe and appropriate care that meets their needs and supports their rights |

**Our judgement**

The provider was meeting this standard.

People who used the service experienced care that met their needs and protected their rights.

**Reasons for our judgement**

Our inspection dated 10 June 2014 found that some of the arrangements used to support people at risk of not eating and drinking enough were not robust. This was because some of the records used to monitor how much people ate and drank were neither accurate nor comprehensive. In addition, staff had not been provided with clear guidance about how to identify and respond to occasions when someone was not eating and/or drinking enough.

After our inspection dated 10 June 2014 the provider wrote to us about the improvements it had made to reliably assist people to have enough nutrition and hydration. The report said that accurate and complete records had been introduced to monitor how much people were eating and drinking when they were considered to be at risk. In addition, it said that staff had been given the guidance they needed to ensure that people who were at risk of not eating and drinking enough were given the care they needed to maintain their good health.

We looked at the measures in place to assist three people who were at risk of not eating and/or drinking enough. We saw that each person's weight had been recorded and that a special chart had been used to indicate if weight changes were significant and needed to be investigated. We noted that one person had been referred for specialist assessment by a community dietitian. This had been done because staff had been concerned about their ability to maintain a safe body weight. Records showed that special measures had been taken to assist people stay at a healthy weight. These included people receiving individual support when eating and being given foods that were easier to swallow. In addition, they were being provided with fortified foods that had more calories than normal.

Records showed that when necessary an accurate record had been kept of how much people had drunk each day. We saw that there was written guidance for staff about how much people should drink. This had been provided so that action could be taken if there was a risk of someone becoming dehydrated.
These measures helped to ensure that people had enough to eat and drink to promote their good health.

Our inspection dated 10 June 2014 found that some of the arrangements used to care for people who were at risk of developing pressure ulcers were not robust. This was because there was no reliable evidence to show that the people concerned were being assisted to change their position when in bed. This was necessary to reduce the pressure on particular areas of their skin.

After our inspection the provider wrote to us about the improvements it had made to ensure that people received the care they needed to reduce the risk of them developing pressure ulcers. In particular, it said that accurate and comprehensive records had been introduced to show each occasion when someone had been assisted to change position in bed. This had been done so that staff could be sure that each person was receiving the care they needed.

Our inspection dated 05 November 2014 found that people were being effectively assisted to reduce the risk of developing a pressure ulcer. We examined the arrangements in place for two people who needed to be assisted to regularly change position when in bed. There was written guidance for staff about caring for the people concerned and staff knew what they needed to do. Records confirmed that each person had received the care they needed to keep their skin healthy.

In summary, the improvements made by the provider helped to ensure that people received the care they needed to eat and drink enough and to keep their skin healthy.
**Safety and suitability of premises**  
Met this standard

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

Our inspection dated 10 June 2014 found that an engineer had recommended that a number of repairs be completed to the service’s passenger lift. These repairs were overdue and needed to be completed so that equipment could be used safely.

After our inspection the provider wrote to us and said that all of the necessary repairs had been completed.

Our inspection dated 05 November 2014 found that the repairs had been completed. We examined an engineer's report that had been completed after our earlier inspection. It showed that no significant repairs to the passenger lift remained to be undertaken and that the equipment was in safe working order.

Our inspection dated 10 June 2014 found that the provider did not have robust arrangements to reduce the risk of people being burnt by the hot surfaces of radiators.

After our inspection the provider wrote to us and said that all of the radiators in question had been fitted with protective guards.

Our inspection dated 05 November 2014 found that all of the radiators we examined in parts of the accommodation occupied by people who used the service had been fitted with guards. This reduced the risk of people being accidentally burnt.

In summary, the improvements made by the provider helped to ensure that people were provided with a safe setting within which to receive care.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

Our inspection dated 10 June 2014 found that there were shortfalls in some of the quality checks that had been completed. This was because they had not effectively identified and resolved the problems we had noted during the course of our inspection. In addition, the provider had not completed an up-to-date assessment of the fire safety system used in the service. This oversight had contributed to some routine fire safety checks not being completed. These checks included making sure that the fire alarm system was working correctly. These mistakes had reduced the level of fire safety protection available in the service.

After our inspection the provider wrote to us about the ways in which it had strengthened how particular quality checks were completed. The report said that robust checks were in place to ensure that people received all of the care they needed. In addition, it said that a more rigorous auditing system had been introduced to ensure that the accommodation provided a safe setting in which people could receive care. The provider said that as part of this development it had completed a comprehensive assessment of the service’s fire safety system. We were told that this exercise had concluded that the service had all of the necessary fire safety equipment. In addition, the provider said that all necessary routine fire safety checks were being carried out.

Our inspection dated 05 November 2014 found that robust quality checks had been completed both of the care that people received and of the accommodation. Documents showed that the provider had periodically checked important care records. These included records relating to the assistance people had received in order to eat and drink enough and to keep their skin healthy.

In addition, we saw that a detailed fire safety risk assessment had been completed. This has established that there was enough fire safety equipment in the service. We saw that routine fire safety checks had been carried out including weekly tests of the fire detection and fire alarm system. These improvements helped to ensure that people who used the service and other stakeholders were provided with adequate fire safety protection.
In summary, the improvements made by the provider helped to ensure that robust quality checks monitored the care and accommodation provided for people who used the service.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service’s records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed

This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
### Glossary of terms we use in this report (continued)

**Registered Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.