Jasmine Healthcare Limited

St Andrew's Nursing and 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
St Andrew's Nursing and Care Home is situated in Sleaford, providing accommodation for people who require residential and nursing care. The service can support up to 45 older and younger adults, some of who may experience memory loss. There were 37 people using the service at the time of inspection.

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

There were systems and processes to protect people from abuse. People's risks had been identified and measures had been taken to reduce the risk of harm. Accidents and incidents were recorded and monitored. Medicines were managed safely. People were supported by a suitable number of staff. The registered provider had carried out appropriate pre-employment checks on staff.

People's needs were assessed prior to admission to the service. New staff received an induction and on-going training. People were supported to maintain a balanced diet and had meals they enjoyed. Staff worked in partnership with other agencies to provide timely care for people. The premises were fit for purpose and personalised to people who lived there. People's capacity had been assessed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff interacted positively with people and knew them well. People felt staff treated them with kindness and dignity. People were encouraged to make choices in their daily lives.

Personalised care plans were place which outlined people's needs and support requirements. People were given information in different ways to enable them to make a decision. People were supported to join in activities. Staff supported people who followed a chosen faith. Complaints were managed in line with the registered provider's policy. People's end of life wishes had been assessed.

There was an inclusive, person centred culture in the service. Staff and managers were clear about their responsibilities. Organisational values which were embedded in to the staff team. People, staff and relatives spoke highly of the management team. The service had strong links in the community. Managers were continually seeking ways to improve care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 16th May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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 section below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

St Andrew's Nursing and 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.

Inspection team
The inspection team was made up of one inspector.

Service and service type
St Andrew's Nursing and Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and two relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, deputy managers, care workers, and the chef. We 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff received safeguarding training and understood their responsibilities to keep people safe. The registered manager had made safeguarding referrals to the local authority where they felt a person was at risk.
- Accidents and incidents were recorded, monitored and analysed to identify themes and trends. The registered manager had a monthly overview of accidents and incidents in the service and records showed these practices helped to ensure appropriate action was taken to prevent the incidents reoccurring.
- Where people had experienced a fall, a 36-hour observation record was put in place. This enabled to staff to monitor them, identify delayed injury and seek medical treatment where required.
- People told us they felt safe. One person commented, "Oh yes, it's very safe here."

Assessing risk, safety monitoring and management

- People's risks associated with their care had been identified, monitored and managed.
- Where people were at risk of seizures due to epilepsy, there were clear protocols in place to guide staff on how to support people appropriately. This included when nurses were required to seek further medical assistance, such as, an ambulance.
- Staff were aware of the importance of people being supported to take positive risks in their daily lives.

Staffing and recruitment

- The registered provider continued to carry out appropriate pre-employment checks on staff to ensure their suitability to work with people they supported. This included obtaining references and a criminal record check.
- People were supported by enough staff and people's dependency levels were was monitored monthly by the registered manager. This enabled them to calculate safe staffing levels for the service.
- Records showed staff rotas were planned in line with people's care needs. Where shortfalls were identified, agency staff were used. The registered manager told us they requested regular agency staff to ensure consistency whilst they continue to recruit.

Using medicines safely

- Medicines were ordered, stored and stored safely by trained staff.
- Where people were prescribed 'as needed' medicines, there was clear protocols and guidance in place to enable staff to know when to administer the medicine. This included how people communicated their symptoms. For example, pain.
- There were clear systems in place to audit medicines and identify shortfalls in a timely manner.

Preventing and controlling infection

● The home was clean; odour free and infection control measures were in place to reduce the risk of infection.

● Staff received infection control training and had accessible personal protective equipment.

● Infection control practices were monitored by senior management and there was an infection control champion who attended update sessions hosted by Lincolnshire County Council.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People had their needs assessed before admission in to the service.
- Where people had a feeding tube directly in to their stomach, to aid with nutrition and medicines, there was clear regimes and plans in place to inform staff of instruction and support required. This meant staff were providing the support assessed for that individual in line with best practice guidance.
- Some people had diabetes and required their blood sugars monitoring throughout the day. These were clearly recorded, monitored and action was taken where blood sugars were too high or too low.

Staff support: induction, training, skills and experience
- Staff received ongoing training and development opportunities to learn and maintain their skills and knowledge.
- There was an induction process in place, which included, training and support. The service had 'new starter' champions who met with new staff regularly to give and obtain feedback. This feedback was escalated to the management team.
- Staff were encouraged to continually develop new skills by undertaking nationally recognised qualifications. The registered provider also offered incentives for staff on the completion of these. For example, staff received shopping vouchers following the completion of their qualification.
- Staff felt they received enough training to carry out their role. One staff member told us, "We get loads of training. If we find training sessions we would like to attend, [Name of registered provider] will always fund this for us."

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to maintain a well-balanced diet and to have meals they enjoyed.
- People told us they always had a choice at meal times and if they didn't like the menu choices, the cook would make an alternative for them.
- Some people required a modified diet to enable them to swallow food safely. Information related to their diet was given to the kitchen team and their meals were prepared in line with this.
- Some people were assessed to require support from staff to eat at mealtimes. We observed staff supported people to do this during our inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff worked in partnership with other agencies to provide effective, consistent support to achieve good

outcomes for people.
● The service had an arrangement with the local GP surgery, where a nurse practitioner visited every week. This was to ensure that people with specific health conditions or concerns were seen in a timely way. One person commented, "The nurses here are good but it is reassuring that [Name of nurse] from the surgery comes in too. If we are unsure, we can always talk to them."
● People had access to local dentists and oral health was considered if a person was unwell or not themselves. This was observed during inspection.

Adapting service, design, decoration to meet people's
● The premises, service design and decoration met people's needs.
● There were different areas in the service people could choose where they wanted to retire to. For example, the main lounge, the quiet area and an activity room.
● People were encouraged to make their bedrooms personal to them. People had furniture from their own homes, personal memorabilia and home-made crafts.
● There was signage in the home to enable people to locate areas in the service. This included large print and pictures.

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.
● People's capacity had been assessed and best interest decisions had been recorded where required.
● Where people were being deprived of their liberty, DoLS were applied for and in place as required.
● Staff had knowledge of MCA, the involvement of advocacy services and how they could access these services for people.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated and supported people well. People and relatives told us about the staff and described them as 'fantastic', 'wonderful' and 'angels'.
- Staff knew people well and had good knowledge of their care needs. Some people liked a tactile relationship with staff and gave them a hug. Care records confirmed that this was important to these people.
- Some people had a decking area outside their room. This was personalised to them, for example, one person had a bird feeder with a range of flowers.
- People were supported to follow their chosen faith. Some people attended local church services, however, where people were unable to attend, a religious lead visited them in the service.
- There were little signs on the corridor walls which read ''30 second activity'. Examples of this were, sing a song, comb someone's hair, cream their hands and look at a photograph. The registered manager explained this was to encourage continual interaction between staff and people.

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

- Staff supported people to be involved in their care and supported them in their chosen way.
- People were given a choice about where they wanted to reside following meal times, if they wanted to take part in activities and what they wanted to do. People were continually checked by staff, asking if they were okay or needed anything.
- One person's assessment stated they liked to wear make-up, jewellery and hair accessories, however, was unable to do this for themselves. Staff supported them to apply their make-up, style their hair, insert accessories and put jewellery on. A relative told us this meant a lot to them.

Respecting and promoting people's privacy, dignity and independence

- People felt staff respected their privacy and dignity. One person said, "They always knock on my door, even if the door is open. They knock, pop their heads round and ask if it is okay to come in."
- People had a 'memory box' outside their bedroom which contained pictures and objects of something important to them. This was to enable people to locate their room more independently. One person had pictures of an aircraft they used to work on during their adult life, another had some wool and knitting needles.
- When medical intervention was being given to people by nurses, they were treated with dignity. For example, some people did not wish to return to their room to receive a medicine by injection. The nurse stood so other people could not see what was happening and spoke quietly, so the person was informed throughout the episode of care.

● Nurses responded promptly to people who were unwell. One person said they weren't feeling well, the nurses attended and took them back to their room to carry out observations.

Good

Is the service responsive?

Our findings

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

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

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

- People had care plans in place which were personal to them. This meant staff could support them in line with their needs and wishes.
- Some people had swallowing difficulties and required their fluids thickened by a powder. Individual care plans provided guidance for staff on how many scoops of powder would achieve the prescribed consistency for that person.
- Staff supported people to complete 'All about me' booklets which contained what was important to them. This mean staff were able to understand more about the people they were supporting.

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

- People had information accessible to them in different ways that suited their individual needs.
- There was a menu board in the dining room which displayed meal choices, these were in large print and had pictures to describe them, which enabled people to understand the options available to them..
- An orientation board in the lounge kept people informed of the date and weather for the day.
- The service had a computer which people could use to keep in touch with their relatives if they didn't live locally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to join in activities and their maintain hobbies and interests. People were given a monthly activity planner and the activity co-ordinator planned activities on a one to one basis with people who were nursed in bed.
- Staff found out people's life history to enable activities to be tailored to them. People had made Christmas decorations for the service. For example, they had made a fire place and painted the bricks.
- People told us there was plenty to do. During our inspection, people took part in a 'move it mobility' class, where they did arm chair exercises to music. People moved and sang along to the music. One person commented, "We do this regularly, it's good fun."
- The service had purchased an interactive projector which could be used projecting on to a bed, table or floor. The projector was transportable for people, unable to leave their rooms. When people played different games, it played themed music. People told us they enjoyed using this.

Improving care quality in response to complaints or concerns

● The registered provider had a complaints policy and formal complaints were handled in line with this.

● The registered manager documented informal concerns on the manager's monthly report to senior management.

● Following informal concerns and formal complaints, action was taken by the registered manager to learn lessons to prevent reoccurrence.

● People, staff and relatives told us they could approach the registered manager or deputy managers should they need to.

End of life care and support

● Staff received various training in relation to end of life care. This included basic end of life care, use of syringe drivers and verification of death.

● People's end of life care preferences had been assessed. Some people had end of life care plans in place. However, other chose not to discuss this and staff had respected their wishes.

● Staff were passionate about the end of life care they provided. One member of staff said, "We give the best quality end of life care." Whilst another added, "We do end of life care very well."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a strong, positive culture in the service and the organisational values were embedded .Staff prioritised people and strived to give them a high standard of care in line with the registered provider's mission statement.
- Relatives praised the management and staff in the service highly. They described the atmosphere as 'warm' and having a 'family feel'. One relative told us, "I couldn't have picked anywhere better than here. When I visit, it is just like being at home."
- Staff felt team work was important and one staff commented, "We are such a close team, like a family. We are always here for each other and help. I have never worked in a team like it."
- The staff and management team were continually looking at ways they could improve the care provided to people. The registered manager said, "We want to do even better than what we are doing for people."

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

- Managers and staff were clear about their roles and understood their responsibilities. 'Champion' roles had been created to enable staff to take the lead on areas of care. For example, tissue viability champion and care plan champion.
- The registered provider was fully involved in the service and met with the registered manager monthly, which enabled them to have oversight of the service. The registered manager and staff spoke highly of the registered provider and enjoyed working for them.
- There were robust quality assurance systems in place to monitor the service. Audits were carried out by the compliance manager, who then created an action plan where shortfalls were identified. The registered manager had completed actions, which were validated by the senior management team.
- The registered manager understood their responsibilities related to the duty of candour and was open when things went wrong.

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

- People, staff and relatives were engaged in using the service. For example, they completed regular satisfaction surveys to provide feedback about their experiences of the care provided. Action plans were created to address any issues highlighted. Feedback could be given anonymously where chosen.

● There were regular meetings booked in for people, staff and relatives. This kept people up to date and encouraged open communication.
● Staff felt it was important to engage and support relatives. A deputy manager commented, "We support relatives because when we look after an individual, it isn't just about that person. It is also about the people who are important to them."

Working in partnership with others
● The service was supported by strong links in the community. For example, staff held a 'black-tie ball' in the local pub to fund raise for activities in the service. The event was supported by local businesses who donated and attended the event.
● Local school and nursery children regularly visited the home to read with people and take part in arts and crafts. People told us they enjoyed these visits and looked forward to the next.
● Staff worked in partnership with healthcare professionals to achieve the best outcomes for people. Such as; GP's, community nurses and mental health teams.