

St Benedicts Nursing Home Limited

# St Benedicts Nursing Home Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Benedict's Care Home Limited is a care home, and provides nursing care for people who have physical mobility problems and those living with dementia. The home can accommodate a maximum of 60 people and all bedrooms have en-suite facilities. Accommodation is provided over four floors but split in to two units. One unit is called The Vicarage, and is home to people with general nursing needs, and the other unit is called The Deanery and is home to people living with Dementia. At the time of the inspection there were 52 people living at the home.

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

Feedback from people, relatives and staff was very positive. People we spoke with told us they felt safe living at St Benedict's, one relative told us, "I never worry when I leave (relatives name) I know they are safe here."

The service was clean, tidy and well maintained. Staff were caring and responsive to people's needs. People enjoyed the food and told us they had plenty of snacks and drinks available if they wanted them. People could discuss concerns with staff and knew how to make a complaint. A relative told us, "(Managers Name) is very approachable and always keeps me up to date with things."

The provider had an audit system in place. Most audits identified areas of concern but we did find medicines management and recruitment audits needed to be more effective.

The provider was aware of their responsibility to report incidents to the relevant organisations, although we did find two incidents that had been investigated fully but staff had not informed the appropriate organisations in a timely manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 09 August 2018)

### Why we inspected

We received concerns in relation to people's safety at St Benedict's Care Home Limited. These concerns included physical abuse towards residents. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Good. This is based on the findings at this inspection. Please see the Safe and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Benedict's Care Home Limited on our website at [www.cqc.org.uk](http://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 well-led?**

**Good** ●

The service was well-led  
Details are in our well-led findings below

# St Benedicts Nursing Home Limited

## **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 was carried out by two inspectors.

#### Service and service type

St Benedict's Care Home Limited 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.

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 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 of this information to plan our inspection.

During the inspection

We spoke with six people and three relatives. We also spoke with the care home provider, the assistant operations manager, the registered manager and the Vicarage unit manager. We also spoke with eight members of staff. We reviewed six care and support records and three recruitment files. We reviewed six Medicine Administration Records (MAR). We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, communication systems, policies, and audits.

## Our findings

### 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 due to some issues regarding medicines management. At this inspection, we found better systems in place to ensure people received their medicines safely and changed the rating to Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- This inspection was prompted because we had concerns raised that people were being physically abused at St Benedict's Care Home. However, we found no evidence that these concerns were substantiated. People told us they felt safe and protected living at St Benedict's Care Home Limited. Comments from people included, "Of course, why wouldn't I be safe." "Yes, I've been here years never been safer." And "Well do I look alright to you".
- A relative told us, "I never worry about (relative's name) staff keep them safe, they all have their different roles I've seen them with other residents they are so nice." Another relative said, "(Relative's name) is safe, staff wouldn't hurt them, their body reacts to being touched, I would know". A third relative told us, "I really feel (relative's name) is in safe hands I go home and know they are safe."
- There were systems in place to safeguard people from the risk of abuse. Staff spoken with, were aware of the signs of abuse and how to report any concerns both internally and externally. Staff told us they felt confident to raise any concerns, but that they had no concerns about people's safety. Staff had received safeguarding training.
- Comments from staff included, "I would report to the nurse in charge or any of the managers, I am happy they would take the right action." Adding, "I would feel comfortable contacting the Care Quality Commission (CQC)." "I've never seen anything or had to report anything here, I think people are safe here." And, "I wouldn't be happy to work in an environment where they weren't."
- The registered manager knew how to investigate incidents and report them to the local authority

safeguarding team, although did find two instances where there was unexplained bruising which had not been reported. The registered manager had investigated these incidents fully and told us they did not think they met the criteria for reporting. We requested that both incidents were raised with local authority safeguarding team and that all future incidents should be reported by the provider in line with best practice. The provider confirmed this had been done following the inspection.

#### Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and managed to help keep them safe. Care plans contained risk assessments that documented areas of risk to people. One person's care plan stated they required repositioning every two hours. The persons records demonstrated they were being repositioned every two hours. Another person's care plan stated they also needed repositioning every two hours but it was not clear if this was happening. Staff told us they did not have pressure ulcers and they would update the care plan.
- The environment was safe. For example, fire maintenance and safe use of water outlets. We reviewed the providers business contingency plan that ensured the service would continue if an emergency happened. The provider employed a maintenance person for managing the day to day maintenance of the home, and contractors came in to service equipment such as the hoists and lifts to ensure it was safe to use.
- People had a Personal Emergency Evacuation Plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency. Although the current PEEPs would benefit from further details being added, for example, how a person would respond to the fire alarm going off, and what support they would require if they had to evacuate the building.

#### Staffing and recruitment

- There were recruitment systems in place to ensure the right staff were recruited to support people to stay safe. Appropriate DBS checks and were carried out as standard practice. The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.
- Employment references were obtained but not always from previous care employers and we found that gaps in staff's employment history were not always fully explored. Having unexplored gaps in employment could impact on a staff member's suitability to work with vulnerable adults. The provider assured us this would be rectified.
- Staff told us they thought there were enough staff available to meet people's needs. One staff member said, "Staffing isn't too bad, it has picked up now." Our observations during the inspection were that call bells were answered promptly.
- The home had one staff vacancy which was going to be advertised. Staff told us they worked additional hours to cover sickness and annual leave, this meant people using the service did not have their care and support compromised. The registered manager produced a staff rota in advance. The rota confirmed shifts were covered as required.

#### Using medicines safely

- Registered nurses were responsible for the administration of medicines. We observed one nurse on their medicine administration round and saw that they were organised and safe practice was observed.
- Staff had access to red tabards with 'Do Not Disturb' written on them to ensure minimum distraction during the medicine round. Staff demonstrated an awareness of the needs and preferences of the people they

administered the medicines to. Competency to administer medicines had been checked regularly, we saw training records which confirmed this.

- Individual protocols for the use of 'when required' (PRN) medicines were available. This is good practice as it directs staff as to when, how often and for how long the medicine can be used and improves monitoring of effects and reduces the risk of misuse.
- A list of 'homely remedies' was available and their use had been approved and signed by a GP. Homely remedies are medicines such as throat pastilles and paracetamol that are available without prescription.
- Records relating to the application of prescribed topical medicines were kept in people's rooms and demonstrated that they were being administered as prescribed. Although this was not clear when reviewing the Medicine Administration Records (MAR). We asked staff to make it clear on people's MAR sheets where the records were kept.
- Two people had been prescribed emollient creams but staff were not aware of the risks when administering emollient creams. When we discussed this with the provider they immediately completed a risk assessment and assured us staff would receive additional training.
- We reviewed six MAR charts. Running totals of medicines in stock were being recorded but we found some gaps where staff should have signed to confirm the person had refused their medicines.
- We also noted people's allergies were not always documented on people's MAR charts. Staff told us they had raised this with the local pharmacy, staff assured us all allergies will be recorded.
- Medicine fridges were available to store those medicines that required it and the temperature was checked and recorded daily. The receipt and disposal of medicines was being recorded and witnessed by two people.

#### Preventing and controlling infection

- The provider employed cleaners. Staff received training in infection control and had access to appropriate personal protective equipment such as gloves and aprons. The home was clean, tidy and well presented. Staff were observed adhering to infection control policies. Systems were in place for laundry, cleaning and the kitchen area to ensure infection control risks were minimised.

#### Learning lessons when things go wrong

- Staff knew the reporting process for any accidents or incidents. Records showed that the management team had acted where necessary, and made changes to reduce the risk of re-occurrence of the incident. There was evidence that lessons learned were shared with staff.



## Our findings

### 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 remains Good.

Good: 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; 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

- Staff, people, relatives and professionals were positive about the management at St Benedict's. Relatives comments included, "(Managers name) is lovely and so friendly, they look after me as much as my (relatives name)." And, "I have high standards, (managers name) has always supported me and (relatives name) well."

- Staff commented positively on the management and the support they received. One staff member told us, "(Name of registered manager) is really nice and approachable." Adding, "I have sat and spoken with them a few times, they listen and take things on board and they will do something." Staff also said, "(Name of unit manager) and (name of unit leader) are good too." Another staff member commented, "(Name of registered manager) is very good, as are (name of operations director) and (name of assistant operations director)." Adding, "They are all approachable and have time to speak to you."

- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They demonstrated this by writing to all relatives following the recent concerns raised about the service.

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

- Managers and staff were clear about their roles and responsibilities. The registered manager was supported by two unit managers. Regular manager and staff meetings took place where improvements and learning were shared.

- The unit manager for The Deanery had been in post since January 2019, they told us they worked at least one shift a week alongside staff which enabled them to observe staff practice. They had recently completed unannounced night checks on staff and no concerns had been identified.

- There was a system of audits in place to ensure quality of the home was checked, maintained, and where necessary improved. Audits that were regularly completed included health and safety, infection control and checking medicine records were completed. Some of these checks had not identified that medicines management was not completely safe and recruitment procedures were not fully safe. As explained in the safe domain of this report. The provider assured us they would be more vigilant and make sure their quality assurance processes are carried out in line with national guidance and best practice.

- The registered manager communicated relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law. The two we found that had not been reported were submitted following the inspection.

- Staff told us they felt supported, valued and listened to by the management team. A staff member told us about the providers Staff Award Scheme. They said, "Three times year two members of staff are shortlisted and invited to an awards evening where the winner is awarded Staff of the Year."

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

- People knew how to feedback to the service. One person said, "Id speak to the manager, or the girls if I want anything they sort it." The provider also sent out an annual survey, although the last one was dated 2017. The outcomes of these surveys recorded people's suggestions but we saw no evidence that any suggestions had been actioned. We discussed this with the provider who told us they were sending out a new survey this year and would be using the information as part of their improvement planning. The last Managers' Meeting minutes confirmed they had discussed sending the next surveys out.

Working in partnership with others

- Staff worked in partnership with other agencies to provide good care and treatment to people. In 2018 the provider was reaccredited by the Gold Standards Framework (GSF), and awarded Platinum. The GSF is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a way of raising the level of care to a good standard. Professionals we spoke with told us, "(Registered managers name) always comes across as helpful, people are safe as far as I'm aware."