St Dominic's Limited

Raj Nursing 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

Overall summary

This inspection took place on 11 and 12 March 2015 and was unannounced. At the last inspection on 13 and 15 November 2013 we found the service was meeting the regulations we looked at. Raj Nursing Home is a care home which provides accommodation nursing and personal care for up to twenty eight adults, some of whom have dementia. The home accommodates people from different cultural backgrounds. At the time of the inspection the majority of people living at the service were from an Asian background. There were twenty one people using the service at the time of our visit.

The accommodation is laid out over two floors. The first floor can be accessed by a lift. Each person had their own bedroom and can access the communal facilities such as a lounge, dining area and garden.

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

Summary of findings

People told us they felt safe. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people were assessed and management plans to minimise the risk of harm or injury were in place.

Safe recruitment practices were followed and sufficient staff were recruited to help support and keep people safe.

Arrangements were in place to ensure medicines were appropriately managed, so that people received the medicine they were prescribed.

People received care and support from staff that had the required skills, knowledge and training to meet their needs effectively. Staff support was provided through a programme of supervision and appraisal.

CQC is required by law to monitor the implementation of the Mental Capacity Act (MCA) 2005 and the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. The service met the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Where people did not have the capacity to consent to specific decisions the staff involved relatives and other professionals to ensure that decisions were made in the best interest of the person and their rights were respected.

People received individualised support that met their needs. People told us they were involved in the development and review of their care. Care was planned and delivered in ways that enhanced people's safety and welfare according to their individual needs and preferences.

People's nutritional needs were assessed and they were supported to eat and drink food that met their preferences. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Relatives spoke positively about the staff and their kindness and compassion for the people they supported. People's privacy and dignity were respected. Staff were caring and knowledgeable about the people they supported.

The service was well led by an experienced and approachable manager. The culture within the service was positive, open and inclusive.

Systems were in place to assess and monitor the quality of the service. People and their relatives felt confident to express any concerns or issues they had with the manager, so these could be addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe and were supported by staff to stay safe.

Staff demonstrated a good understanding of how to keep people safe from the risk of abuse and how to report any concerns.

Risks to people were assessed, managed well and reviewed regularly to ensure people's individual needs were being met safely.

Medicines management arrangements were in place and being followed effectively. There were sufficient numbers of staff to keep people safe and to meet people's individual needs.

Good

Is the service effective?
The service was effective.

Staff received regular training, supervision and appraisal to ensure they had the skills and knowledge to meet the needs of people using the service.

The service met the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

People had access to healthcare professionals to meet their needs and the service worked well with other healthcare professionals to coordinate people's care.

Good

Is the service caring?
The service was caring.

People were happy and content at the service. Staff treated people with respect, dignity and compassion.

Staff had in-depth knowledge of people's needs and the way in which people wanted their care and support.

People were involved in the care they received and supported to make decisions.

Good

Is the service responsive?
The service was responsive.

Care and support was centred on people's individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

People were supported to take part in activities and interests they enjoyed.

There was a complaints procedure in place that people and their families knew how to use.

Is the service well-led?
The service was well-led.

Good

Summary of findings

The manager was experienced and knew the service well. She demonstrated good leadership skills, was approachable, open and provided an inclusive and transparent culture at the service.

Quality assurance systems were in place and regularly monitored to drive improvements to the service.

Raj Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 March 2015 and was unannounced. It was carried out by a single inspector. We looked at any notifications received and reviewed any other information we held prior to our visit.

During our visit some of the people using the service were unable to share their experiences with us due to their complex needs and ability to communicate verbally. So, in order to understand their experiences of using the service, we observed how they received care and support from staff. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people, three relatives, the manager, two nurses, five care staff, the cook, one housekeeper and laundry person. We looked at records which included three people's care records, training information, and other records relating to the management of the service. After the visit we contacted a further three relatives of people using service, and two healthcare professionals and asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

People who were able to tell us said they felt safe and secure. One person told us they would speak with the manager if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. Relatives said they were confident that staff looked after their family member safely and that they were encouraged to speak up about any areas of concern they had. Comments we received included "I am happy with the care my [relative] gets, I would not move her anywhere else and that speaks for itself", "I have no concerns about my [relatives] safety, I have never seen anything untoward here", and "I have peace of mind when I am leaving the home, I know that my [relative] is safe."

The service followed safe recruitment practices. We viewed two staff records which detailed that the relevant checks had been completed before staff began work. Both members of staff we spoke with confirmed that all required checks had been carried out before they commenced employment.

The provider had safeguarding policies and procedures in place and these were accessible to all staff. Safeguarding posters in English and Hindi were displayed in the main entrance and provided information and contact details for reporting any issues or concerns that people had.

We spoke with members of staff about their understanding of protecting adults at risk of abuse. They had a good understanding of what safeguarding adults entailed, could identify types of abuse and knew what to do if they witnessed incidents of abuse. For example, a staff member told us how they had reported to the local authority a pressure sore that a person had upon admission to the service. Staff told us, and training records we viewed confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns.

Two relatives we spoke with told us the staff used various approaches to support their family member when they displayed behaviour that challenged the service or others. Staff were able to tell us in detail how they provided this support, this included following the guidance as detailed in the person's care plan, completing behaviour records, liaising with other health professionals and relatives.

Risks to people's safety were assessed, managed and reviewed. One person told us the staff carried out regular checks on them when they were smoking. This was detailed in the person's smoking risk assessment. Care records detailed identified risks and the actions that staff were to take to manage and reduce the risk of harm. For example, people at risk of developing pressure sores had regular assessments carried out and where equipment was required to reduce the risk, such as a pressure relieving mattress this was in place. Personal Emergency Evacuation Plans (PEEPS) had been completed for all the people living at the service. The plans contained information which was required by care staff and emergency services to evacuate people safely in the event of a fire.

People told us there were always sufficient staff on duty to meet their needs. One person told us "I ring my call bell and the staff are there within a couple of minutes. It's the same during the night as well." Five relatives told us there were sufficient staff on duty. Four relatives commented that when people were in the lounge there was always a staff member present to provide supervision and keep people safe. Throughout our inspection we saw that staff were present to attend to people's needs and a staff member was always available in the lounge to observe, sit and chat and to support people. We observed staff attending to and regularly checking on people that chose to stay in their bedrooms. Staff were observed supporting and giving time to people in a calm and unhurried manner.

The manager told us the staffing levels were based on the needs of people and she carried out dependency assessments to determine the level of staff required. For example, we saw that one person who had a hospital appointment required two staff to support them. The manager had increased the staffing levels to accommodate this. Staff told us that staffing levels were increased if people were attending external activities or if a person's condition changed and they required additional staff to support them the manager increased the number of staff on duty.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. We observed people being supported to take their medicines. The nurse provided an explanation to the person as to what the medicine was and why they needed to take it. Where people required medicines to be administered 'covertly' (which meant this

Good

Is the service safe?

was given to them without their knowledge) we saw records that the decision had been made in the person's best interest with the input of the GP and family member. The family member confirmed they had been involved in the decision.

All medicines within the service were stored securely. Medicine policies and procedures were in place. A record of all medicines received, carried forward from the previous medicine cycle and disposal records were maintained. Medicine Administration Records (MAR) sheets were appropriately signed when medicines were administered, this showed that people had received their medicines safely as prescribed. The MAR sheets were checked daily to ensure that any omissions and gaps were identified and corrected. Weekly and monthly medicine audits were carried out and this helped them to identify any issues, which could then be addressed. We checked a sample of medicines and the stock balance was correct and matched the quantity that had been administered. Where people could not take their medicines by mouth these were administered via a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube and we saw that detailed instructions were available with the MAR, so that medicines could be given safely.

Where people required a variable dose of medicine the number of tablets administered was recorded. Where 'as required' (PRN) medicine was administered this was recorded on the back of the MAR with the reason for administration. This also allowed the use of PRN medicine to be monitored. Guidelines for the use of PRN medicines were available for each person and staff we spoke with were able to describe when they would use PRN and their description matched the information written in the guidelines.

Systems were in place for the monitoring of health and safety to ensure the safety of people, visitors and staff. For example, weekly fire alarm tests, weekly water temperature tests and regular fire drills were taking place to ensure that people using the service and staff knew what action to take in the event of a fire. We saw that gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe for staff and people using the service. Staff we spoke with told us they were only allowed to use moving and handling equipment after they had been trained. Each person that required the use of a hoist had individual slings, so that the risk of accidents in relation to the use of inappropriate equipment and cross infection was minimised.

Good

Is the service effective?

Our findings

People who use the service were supported by staff who had the skills to meet their needs. Two people and five relatives told us the staff were skilled and knew how to care for people. One person told us due to the wound care and treatment they had received there was an improvement in their overall wellbeing.

Staff told us they received regular supervision and training that helped them to meet people's needs effectively. We spoke with one member of staff who had recently joined the service. They told us they had completed a detailed induction where they had been monitored and assessed to check that they had attained the right skills and knowledge for their role.

All the staff we spoke with told us they had completed all areas of their mandatory training and that the manager arranged regular refresher training. Records showed that staff had completed specific training which was relevant to their roles, such as dementia care and managing challenging behaviour. Staff said the manager encouraged them to attend additional training for their personal development. For example, a member of staff told us the manager had supported them to apply for their access to nursing course.

Staff spoke positively about the support and supervision they received to carry out their role. They told us they had regular one to one meetings with the manager where they could discuss their training needs, professional development and any problems or concerns they had. The service had an appraisal system to assess the individual performance of staff and to support them in their personal development. Staff confirmed they had received an annual review of their performance and that supervision and appraisal records were maintained.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people were only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them.

We asked the manager and staff about their responsibilities in relation to the Mental Capacity Act (2005) and DoLS. Staff told us they had undertaken training in this area and where people did not have the capacity to consent to complex decisions they would work with the family and other healthcare professionals to ensure that a decision was made in the best interest of the person. For example, a best interest decision had been made for a person who required their medicines to be administered covertly.

Staff were able to describe the DoLS authorisation that was in place for a person who required the use of bed rails to keep them safe. The authorisation forms detailed what the staff had described. One relative confirmed they had been involved in making a Do Not Attempt Resuscitation (DNAR) decision for their family member. DNAR decisions are made in relation to whether people who are very unwell should be resuscitated if they stopped breathing. They told us they had been provided with information by the manager and GP so that they could make an informed decision in the best interest of their family member.

People were supported to maintain good physical and mental health and had access to local health services. People told us that staff supported them to attend routine appointments at the hospital and that a GP visited the service weekly. One person told us the staff turned them regularly when they were in bed as they were at risk of developing pressure sores. Relatives we spoke with said they were kept informed of the outcome of any hospital or healthcare appointments and that staff kept them up to date of any changes in their family member's condition. Staff made referrals to relevant healthcare professionals and worked with them to make sure any changes in people's care and health needs were addressed in a timely manner. This was confirmed by the two healthcare professionals we spoke with.

People were supported to eat and drink sufficient amounts to meet their needs. People told us they like the meals and were offered alternatives if they did not like the main meal that was on offer. Comments we received included "The food is delicious, tasty and always fresh" and "If I don't like something, the cook will always make an alternative that I do like."

Relatives told us staff supported their family members effectively at mealtimes. This included staff sitting down to support people, not rushing them and gently encouraging them to eat. Our observations during the lunchtime meal confirmed this. We saw that food was prepared to meet people's individual preferences, religious and cultural

Good

Is the service effective?

needs. For example, a person confirmed that staff prepared Halal meals for them and this was in keeping with their religious needs. Another person, preferred to have English meals rather the Asian meal.

Care records contained information about people's, diet, food preferences and risks associated with their nutrition and weight. People's nutrition was monitored by the use of food and fluid charts and weight records where required.

Good

Is the service caring?

Our findings

People told us they were supported by kind, caring and compassionate staff. People told us they were happy living at the service and said the staff were "very good", "kind" and "caring". One person said "They always take their time, they don't rush and they listen to what you want".

We spoke with five relatives and two healthcare professionals who expressed a high level of satisfaction with the service provided. Relatives told us that staff cared for their family member with respect and dignity. One relative said "The staff a very, very good. My [relative] is happy and that means I am happy as well", another told us "The staff here are like family, when I visit the home it is like visiting my family" and another said "The care here can't get any better, they staff are wonderful."

Throughout our visit we observed meaningful interaction between staff and people that was respectful and caring. Staff were patient, took their time, and explained things well and listened to what people had to say. Staff demonstrated a good understanding of people's needs and were able to describe the care people required and how they liked it. We observed staff responding to people's needs quickly. For example, a person wanted to sit with a cushion behind their back and staff provided this and checked with the person that they were comfortable.

Staff spoke about people in a kind, respectful and affectionate manner. Relatives told us staff took time to sit and talk with their family members and if the person did not want to talk staff just sat with them.

People were supported by staff to express their views and be involved in making decisions about their care and support. For example, we saw people speaking with staff and telling them what they wanted, such as going out in the garden. Care plans focused on the individual. They provided a good picture of each person, their needs and how these were to be met. Care plans and assessments were in place for each need and these were reviewed monthly or whenever a person's condition changed, so the information was up to date.

Staff had a good understanding of people's diverse needs and how these were to be valued and respected. For example, people wore clothing in accordance with their religious needs such as traditional Sikh attire which included a headscarf for women. People could say their prayers and listen to religious songs in a designated area in the lounge. We heard staff speaking with people in their preferred language.

We saw that staff delivered care which promoted and protected people's privacy, diversity, dignity and independence. For example, staff addressed people by their preferred name and personal care was provided in people's bedrooms and bathrooms with the door closed. People were encouraged to remain independent, for example we saw that a person used a self-propelling wheelchair to move around the lounge. Throughout our visit we saw that call bells were answered promptly so that people were attended to promptly.

People were supported to maintain relationships with family, friends and other people that were important to them. Relatives told us there were no restrictions on visiting the service. One person told us they had their own laptop computer which they used to keep in touch with their family and friends. We observed other people throughout our visit speaking to family and friends on the telephone.

Good

Is the service responsive?

Our findings

People were involved in contributing to the planning and assessment of the care and support they received. One person told us they had been involved in the development and review of their care plan. Relatives said they were involved in their family members care and took part in care reviews. Relatives confirmed they had also been asked about their family members past history and preferences and this information had been used to develop the person's plan of care.

Care records contained an assessment of people's needs, wishes and abilities. Information from the assessments had been used to develop an individualised care plan which detailed how people's needs would be met by staff. Care plans were personalised and contained information and guidance for staff to follow so that people received the care and support that they wanted. For example, people's personal care routine was documented, such as whether they wanted a daily bath or shower. One person told us "I like to have a shower every other day and the staff help me." Another person said "I like to have a daily shower, it's no problem and if I want to shower later in the day and not in the morning staff respect this. They are not task orientated here."

Staff told us they were involved in the development and review of the care plans and that it was not just the responsibility of the nursing staff to complete these. They said this had helped them to understand people's needs, allowed them to share information and keep up to date about each person. Daily shift handovers took place where staff provided information on the condition and wellbeing of the person. Care plans were reviewed monthly or sooner if there were changes in a person's needs.

External healthcare professionals told us the staff were responsive to people's changing needs, made appropriate referrals and carried out any tests such as blood glucose monitoring when requested. They said staff were knowledgeable about people's health and were able to provide information they required efficiently.

People were supported to pursue activities and interests that were important to them. There was an activities programme in place which included activities such as board games, craft sessions and visits from outside entertainers such as singers and musicians. We saw people looking animated, enjoying and participating in a singing show that had been arranged. Staff supported people to go on shopping trips or visit the local Gurdwara (Sikh temple). One to one activities were carried with people that chose to stay in their bedrooms so that they did not feel socially isolated.

People told us they were confident to speak out if they had any concerns or complaints. Comments we received from people included "Relatives said they were confident if they made a complaint they would be listened to and their complaint would be acted upon. One relative said "I would speak with the manager if I had a complaint, she always asks us if we have any concerns when we visit." Another said "The manager is always around and you can speak with her anytime, she wants to know if things are not right." The complaints procedure was clearly displayed in the front hallway. We viewed complaint information and saw that no complaints had been received by the service in the last twelve months.

Good

Is the service well-led?

Our findings

We received very positive feedback from all the people, relatives, staff and health professionals we spoke with about the registered manager. They all said without exception the service was well-led and managed. Comments we received from relatives included "The manager is a lovely, charming person." And I'm quite impressed with her, she is always available to speak to." External healthcare professionals described the manager as "professional" and "a good communicator".

There was a clear management structure in place and staff were aware of their roles and responsibilities. All the staff we spoke with said they enjoyed working at the service and were committed to providing good quality care and support to people. Staff spoke highly of the registered manager and said she promoted an inclusive and open culture, was visible, easy to approach and they felt listened too. Comments we received from staff included "The manager knows everything that is going on, she is a good leader and treats everyone equally." "She is so knowledgeable; if you have done something wrong she will point it out and then tell you how to do it correctly. I would say that she is firm but fair."

Staff told us they had daily handover and staff meetings where they discussed changes in people's condition, organisational changes and other aspects of the service. This was confirmed in the most recent staff meeting minutes we viewed.

Staff said they were enabled to raise any concerns they had about care practice and were confident that they would be supported by the manager. Staff told us they were encouraged to share their ideas for improving the service and problem solving.

The provider had a system for assessing and monitoring the quality of care provided. These included a comprehensive audit programme to check medicines, the building, care records, dignity in care audit, infection control, lunchtime experience audit and staff records. The audits were evaluated and where required action plans were in place to make improvements in the service.

Staff told us they discussed any incident and accidents during staff meetings so that they could improve their practice and implement any lessons learnt from the outcome of any investigations. The provider also carried out monthly monitoring visits to the service and prepared a report with their findings following the visit. We viewed the report for February 2015 and saw that where areas required improvement these had been identified for the manager to take action.

The manager regularly involved people and their relatives in monitoring and assessing the quality of the service. All the relatives we spoke with confirmed the service carried out an annual survey where they could give their views and make suggestions for any improvements. They also told us they could give feedback about the service during review meetings and when they met with the manager. People told us the manager met with them regularly and asked for feedback form them on the care and support they received. We viewed the annual survey results form 2014 which were positive.

The service and its staff were committed to provide quality care that was based on good practice.

The manager was the Dignity Champion for the service and told us about the training and support staff received to implement the values of the Dignity in Care campaign which was led by the National Dignity Council. Staff spoke positively about how the home had a culture which focused on people's dignity in all aspects of the care and support they provided. The service had also joined the Alzheimer's Society campaign called dementia friends, which improves people's understanding of dementia so that staff could make a difference to people living with the experience of dementia.