

Bupa Care Homes (CFC Homes) Limited

Hammerwich Hall

Residential and 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

We inspected this service on 9 December 2014. The inspection was unannounced.

The service provides nursing and personal care for up to 39 people. There were 29 people living at the home on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At our inspections in September and October 2014 we found the provider was breaching legal requirements regarding staffing levels. We issued a warning notice and asked the provider to take action to improve staffing levels by 4 November 2014 and this action has been completed.

At this inspection we found improvements had been made. People told us they felt safe and their calls for staff support were responded to in a timely manner. Staff told us they had more time to deliver care and meet people's needs.

There were processes in place to ensure people received the medicines prescribed for them in a safe manner.

There was a suitable recruitment process in place. Staff completed thorough checks before starting work at the home.

Staff recognised their responsibilities to support people with decision making in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People who used the service received care that reflected their recorded preferences.

Staff were kind and compassionate to the people who used the service. People told us they felt staff respected their dignity.

People could choose how to spend their time. There was support for people to take part in their hobbies and interests.

There was a complaints procedure in place and people we spoke with felt confident their concerns would be listened to and acted upon.

People and staff we spoke with thought the service was well-led.

There were quality assurance checks in place to monitor and improve the service.

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. There had been improvements in staffing levels since our last inspection. People's needs were met in a timely manner. People's risk of harm had been assessed and was reviewed regularly. There were processes in place to ensure people's medicines were managed safely.

Good



Is the service effective?

The service was effective. People were cared for by staff who had the skills and knowledge to look after them. Staff understood the principles of the Mental Capacity Act 2005 and their role in supporting people to make decisions. People were given adequate food and drinks to maintain their health and well-being. People had access to healthcare professionals whenever necessary.

Good



Is the service caring?

The service was caring. There was good communication between the people who used the service and staff. People's dignity and privacy were respected. Staff had sufficient knowledge about people to provide them with the care they preferred.

Good



Is the service responsive?

The service was responsive. People's care plans were regularly reviewed and were amended to reflect people's changing needs. People were supported to take part in hobbies and pastimes that interested them. People felt any complaints or concerns they raised would be dealt with appropriately.

Good



Is the service well-led?

The service was well-led. People who used the service, relatives and staff were kept up to date with changes within the service. Staff received guidance and support from the managers in the home. There was a quality assurance audit process in place to measure the quality of the service.

Good



Hammerwich Hall Residential and 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 was planned to check 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 9 December 2014 and was unannounced.

The inspection was carried out by three inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience on this inspection had an interest in the care of people living with dementia.

The provider had completed a Provider Information Return detailing key information about the service, what they did well and any improvements they planned to make. We also reviewed the information we held about the service and spoke with the local authority quality monitoring officer.

During the inspection we spoke with 13 people who lived at the home and four relatives. We spoke with the registered manager, two senior members of staff and seven members of the care team. We observed care and support being delivered in the communal areas. We also observed people's lunchtime experience and how they were supported to eat and drink.

We reviewed five people's care plans and daily records to see how their care was planned, delivered and reviewed. We also looked at staff recruitment files, training records and documentation related to the management of the home.

Is the service safe?

Our findings

At our last inspection the provider was not meeting the legal requirements for staffing. We found there was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we found the level of staffing had been reviewed and improved since our inspections in September and October 2014. On the day of our inspection there were seven carers, a trained nurse and the registered manager working. People we spoke with all told us they felt safe living at Hammerwich Hall. One person said, "I feel much safer now. I used to worry there was no one around but it's much better now". Another person said, "I don't feel unsafe here".

People, relatives and staff we spoke with said they felt the number of staff available had increased. One person told us, "There weren't enough staff at one point but its better now. A relative, when asked about staffing levels, said, "It has improved. There was a problem before". A member of staff said, The number of carers has improved. We can spend extra time with people and talk as we support them, rather than just carrying out tasks in a hurry". Another member of staff said, "I came into work the other day and one of the carer's was playing dominoes with a person. That would never have happened before. There just wasn't time". We looked at the staffing rotas and saw the service was maintaining the planned level of staffing on a regular basis.

We saw there had additional trained staff recruited however there was still a reliance on agency nurses to support the permanent staff. The registered manager told us they were managing to achieve more continuity with the agency staff they used. This was confirmed by members of staff we spoke with. One member of staff said, "We have more regular agency staff now". A care manager had been appointed and we saw, where there were gaps in the rota or last minute sickness, the care manager worked with staff to improve the staffing levels. A member of staff told us, "The care manager does work some shifts, which helps".

We had identified at our inspection in October 2014 that some people were waiting an excessive amount of time for staff to attend to their needs. People told us this had improved and staff would respond to their calls for assistance in a timely manner. One person said, "I don't

wait many minutes for the staff to come". Another person said, "The staff always make sure I can reach my buzzer". We used the call system on behalf of one person and staff responded within three minutes. The care manager was regularly monitoring the staff response times to calls for assistance and we saw any delays were investigated and the reason for the delay was documented. This meant the provider had put processes in place to monitor the time people were waiting for care.

Staff said they were aware of their responsibilities in protecting people and told us about incidents, which they had been concerned about and discussed with their managers. We saw these concerns, which were not related to the care provided at Hammerwich Hall, had been reported to the local authority for further investigation. The records we looked at showed that staff had attended training but this was due to be updated. The training records we looked at showed what training staff had received and when they were due to receive updates. Staff we spoke with said, "We've got refresher training coming up soon. It's all booked". This meant the provider had a system in place to ensure staff received up to date training.

We saw people's risk of harm had been identified, assessed and where necessary acted upon. We saw that one person had fallen on five occasions. Staff told us they had sought specialist advice from the falls service. Additional measures, including sensors placed in the person's bedroom to alert staff they were out of bed, had been implemented and we saw they had reduced the risks for this person.

The provider was maintaining records of accidents and incidents which occurred in the home. Staff gave us suitable examples of what they would report. We saw whenever a trend in the reporting of accidents or incidents was identified information was added to a tracker system. The tracker system meant staff could capture the details of accidents, such as falls people sustained, to see if there were any patterns emerging which the provider could use to prevent future harm.

There were personal emergency evacuation plans in place in case of emergency such as a fire. The plans were reviewed regularly and were coded to reflect people's level of mobility and indicate the support they would require to leave the building promptly. This meant there was information provided for use in an emergency.

Is the service safe?

The recruitment records we looked at demonstrated there was an appropriate recruitment process in place. We viewed the recruitment files for three members of staff and saw checks had been undertaken before staff were considered suitable to work at the service. Staff we spoke with told us they were not able to work until a satisfactory disclosure and barring service (DBS) clearance had been received. The DBS provides information for employers about criminal convictions.

We looked at the way medicines were managed in the home. People we spoke with told us, "I always get my medicine". Medicines were stored safely and securely. A member of staff told us there were checks in place to ensure the temperature of the storage areas remained constant so that the condition of the medicines was maintained. The records in place confirmed that the

temperature checks were undertaken on a daily basis. The medicine administration records (MAR) we looked at had been completed accurately. We saw there had previously been some incidents related to medicines which had triggered training for staff and increased vigilance of the MAR charts by the care manager.

Some people were receiving medicines on an 'as and when required' or PRN basis. There was information recorded about these medicines to guide staff about when and why the medicines should be administered. Staff told us one person had been prescribed a new medicine to be administered when required a few days before our inspection. We saw that the guidance for this medicine had been completed so that staff were provided with up to date information about the change. People we spoke with told us they received their medication on time.

Is the service effective?

Our findings

People told us they were happy living at Hammerwich Hall. Everyone we spoke with was complimentary about the staff and the service. One person told us, “I like it here”. Another said, “They’re very good to us”. People said they thought staff knew how to care for them. A relative told us, “Yes, I’m sure they do”, and a person who used the service said, “They [the staff] seem to know what’s necessary.”

Staff said they had access to training which reflected the needs of people living at the service and was relevant to their own role. The training records we looked at showed staff had recently undertaken training, which would help the staff support people who were living with dementia. A member of staff told us, “We’re always being offered the opportunity to do different training”.

Staff told us they felt supported by the management at the service and felt the atmosphere in the home had improved because the increase in staffing meant they did not feel under so much pressure. We saw there were arrangements in place for staff to receive regular supervision. Staff told us the supervision gave them an opportunity to discuss their own personal development and raise any aspects of their work which concerned them. One member of staff said, “I feel the encouragement I get at supervision helps to build my confidence”.

We saw that new staff followed an induction programme and recently recruited staff told us they felt well supported. One new member of staff told us, “I spent four days offsite at the beginning. The training was rigorous and quite challenging. Once I started working in the home I shadowed other staff and I have a ‘buddy’ who is supporting me”. This meant there were arrangements in place to ensure when people were cared for by new staff, they were accompanied by a member of staff who knew people. There were arrangements in place to ensure agency staff worked with a member of permanent staff, so people were always cared for by people they knew. We spoke with an agency carer who confirmed this. A member of staff at the service told us, “The agency staff always work with us rather than on their own”.

People told us they could choose what they wanted to do, for example what time they got up in the morning and where they wanted to spend their day and staff would respect their choice. One person told us, “I choose when I

get up. Everyone can please themselves”. We observed consent to care in practice with staff checking that people were in agreement before providing support or care. People had not been asked to formally consent to their care and treatment but the care plans we looked at included people’s agreement to the use of their photograph for identity purposes and agreements that their care could be discussed with their relatives, if appropriate. One person said, “My daughter sort’s things out for me here”.

The Mental Capacity Act 2005 (MCA) sets out requirements to ensure appropriate decisions are made in people’s best interests when people lack the capacity to make choices for themselves. Staff told us that most of the people who used the service were able to make decisions about their care, support and safety without support but recognised that some people could need support to make decision specific choices particularly. People’s capacity was reviewed so that staff could monitor people’s choice making abilities. Staff told us no one living in the home required the services of an advocate at present. Staff said there was a poster on display in the office and staff room informing them how to contact an advocate if necessary. This meant staff recognised how to support people and access further guidance if required.

We saw people living in the home could go out whenever they wished and nobody living in the home during our inspection had required a Deprivation of Liberty (DoLS) assessment. One person told us, “My [the relative] takes me out to a day club and we have lunch out. One of my friends from here comes too sometimes”. This meant that people could leave the home whenever they wanted.

People told us that drinks were offered on a regular basis throughout the day and we saw there was water for people to help themselves to available in the lounges. Staff had written on daily records that when people were awake at night they were always offered a drink. People were given a choice of meals and supported to eat wherever they chose. One person told us, “I like to eat in my room. I’ve chosen salmon today, it’s really nice. People provided us with positive comments about the food they were provided with including, “It’s pretty decent”, and “The food’s nice. There’s a new menu and I like the choices on it”.

People who required support to eat their meal received help on a one-to-one basis from staff. We observed one

Is the service effective?

member of staff sitting and interacting well with the person they were assisting but other members of staff did not engage in conversation which meant some people did not enjoy such a positive eating experience.

People were weighed regularly. We saw when people had lost weight this was monitored by increasing the frequency of weighing and if necessary a referral to the GP. Each person had been assessed for nutritional risk and this was reviewed on a monthly basis. We saw, when appropriate, people had been prescribed supplements to improve their calorie intake. During lunch we observed one person, who had been prescribed a supplement, being asked by staff how they would prefer to take it. The member of staff asked them, "Is it okay to put this powder in your drink, or do you want it in your pudding?" This meant the person was encouraged to take the supplement in the way they preferred.

Some people using the service were unable to swallow food and fluid and were receiving their nutrition directly, through a tube, into their stomach. This is referred to as PEG feeding. We saw there were detailed records to guide staff about the size, type and timing for the delivery of the

feeds. A nurse told us when there were agency staff working, they ensured they were fully confident with delivering this type of support before allowing them to deliver nutrition in this way. This meant staff ensured temporary staff were skilled to care for people with complex needs.

People told us they had access to their GP and other healthcare professionals when they needed extra support. Care plans and the communication book included records of contact with healthcare professionals. One person told us, "They will phone for the GP and they'll come later that day or the following morning. The dentist and the optician come here to see us too".

One person had been admitted to the home with skin damage caused by pressure. We saw that a prompt referral had been made to the specialist tissue viability nurse. Staff had followed the specialist advice by re-positioning the person regularly to reduce the build-up of pressure and accurately documented the healing progress of the wound. This meant staff had implemented the advice they received to protect the person from further discomfort.

Is the service caring?

Our findings

All of the people we spoke with told us the staff were caring and supported them well. One person said, “The staff are lovely, I couldn’t complain about any of them”. Another person we spoke with said, “The staff are very caring. They do all they can for us”.

We saw staff were kind and compassionate to people. People looked relaxed and at ease in the presence of staff and we heard laughing and banter between them. A member of staff told us they were pleased they had more time to spend with people whilst providing care. One person told us, “The staff are good, we have a good giggle together”.

We saw good communication between people and staff throughout our inspection. Staff took time to listen to people and when they received repetitive requests they responded with patience and interest. Staff constantly checked that people were okay and we heard supportive comments such as, “Are you managing?” and “Do you need me to help you with that?” We observed staff explaining what they were going to do and ensuring people were happy for them to continue. For example we heard a member of staff say, “You don’t look very comfy. Would you like to change chairs?” When the person said they would, the member of staff said, “Shall I help you stand up?”

People’s care plans were written in a way that reflected their likes and dislikes. Staff were aware how people preferred their care to be delivered and how they liked to spend their time. One member of staff said, “One person isn’t keen on having a bath, they prefer to wash in their room and we respect that, although we still offer them the option”.

Care staff we spoke with told us they enjoyed working in the home. One member of staff said, “This is a nice place to work. It’s much better now. We feel more relaxed now we’ve got more time to spend with people”. We also spoke with an agency nurse who had worked regularly at the home, they said “I like coming here, it’s my favourite home. There’s a good atmosphere”.

People told us they felt respected and their dignity was protected by staff. We observed and people confirmed that staff protected people’s privacy by knocking and waiting for a reply before entering bedrooms. Whenever personal care and support were being delivered staff ensured that doors were closed to protect the person’s privacy and dignity. One person told us, “The staff always knock on my door before they come in”.

Is the service responsive?

Our findings

People we spoke with told us the staff knew them well and their care was delivered in the way they preferred. One person said, “The staff know what time I like to get up but if I decide to stay in bed a bit longer its fine”.

There was a member of staff employed to support people with their hobbies and interests. On the day of our inspection we saw people making Christmas decorations which were later displayed in the dining room. People told us they had previously made cards and decorated some pottery. There were arrangements in place for people to participate in gentle exercises. One person told us, “I enjoy the exercises. It’s not for very long and I enjoy that”. Other people were sitting in the lounges, knitting, reading books and newspapers and told us this was the way they preferred to spend their time. Everyone we spoke with told us the external entertainment that was provided was good and if they wanted to do anything in particular the staff tried to sort it out for them. One person told us, “One man comes in, he has us in stitches. We all enjoy that”.

People’s care plans contained information about their health, social and personal care and recreational needs. We saw that the care plans were regularly reviewed and reflected changes in people’s circumstances. One person had recently sustained an injury which affected their ability to care for themselves. We saw that their care plan had been reviewed and amended immediately which meant they received care that was relevant to their current condition.

The person told us, “I was able to look after myself but I need help at the moment to wash and dress”.

People likes, dislikes and preferences for care were clearly defined in their care plans. People were able to share their life history with staff by completing a booklet called ‘Who

am I’? Staff we spoke with told us they had made it a priority to read people’s care plans. One member of staff told us, “I was encouraged by the manager to read care plans so I knew what people liked”.

Staff told us they recorded how people were and how they had spent their day in their daily records. We saw that senior staff monitored the information in the daily records to ensure people had received the care they required.

People told us there were arrangements in place to support their pastoral needs. Some people went to church with family or friends and other people had the opportunity, if they wanted, to join in a service conducted in the home. People said the services took place in the large lounge which meant people could move to another lounge if they did not want to participate. We saw information about pastoral support, displayed on a noticeboard in the hall.

People told us that they could receive visitors at any time. During our inspection we saw visitors arriving throughout the day. People had a choice of lounges which they could use if they wanted to sit and chat with privacy. One person said their relative frequently stayed to eat a meal with them and we saw them sitting together to have lunch. Another person told us they were encouraged to be independent and regularly went out with a relative. This meant people were supported to maintain relationships with people who were important to them.

There was a policy in place for complaints and we saw that if these were received there was a set process to follow which meant complaints were investigated and responded to within a set time period. People we spoke with told us they didn’t have any complaints about the service. People said they would speak to the staff or directly to the manager if they were unhappy about anything in the home. One person said, “If I had any complaints they would have heard about it, I’m quite content here”. Another person said, “They’d definitely do something about it if you had a problem”.

Is the service well-led?

Our findings

People who used the service, their relatives and staff said there had been improvements at the home since our last inspection in October 2014. One relative said, “The new manager has been very good”. A member of staff told us, “Everything has improved. There’s a real feel good factor here now”.

People, relatives and staff we spoke with told us the provider had been open and honest with them about the previous inspections and the concerns that had been raised about staffing levels. We saw minutes from meetings which showed the staffing situation had been discussed regularly and one member of staff said, “The area manager explained to us at a staff meeting what they were doing to improve staffing for us and asked us if we had any suggestions about improvements they could make”.

The registered manager had recently implemented an ‘everyday hero award scheme’ for staff. Staff told us they would win this award if the people who used the service praised them individually for the care they had provided. Staff told us it was lovely to have this sort of feedback from the people who used the service.

We saw the manager and care manager were visible and accessible to people and relatives. People we spoke with were aware who the registered manager was and we saw people stop as they were passing the office to have a chat. One person told us, “You see the manager about. So far we’ve been pleased with them”. Another person said “You can talk to her [the manager], she’ll listen to you and take action”. A relative told us, “Since they’ve started [the manager and care manager] there have been some lovely changes”. Another relative said, “I’ve spoken to them in the office and they’ve been most helpful”.

Staff we spoke with told us they felt well-led by the management arrangements. They were positive about the

future and the improvements with staffing which meant they could support people as they wanted to in line with the provider’s vision ‘Taking care of the lives in our hands’. Staff told us they felt well supported. One member of staff said, “The manager is really great, very supportive. I can go to her with anything and she’ll take the time to listen”. Another member of staff said, “The manager is always willing to help you”.

The registered manager had implemented a daily meeting with senior staff. We saw the meeting was used for staff communication and to review people’s charts to ensure they were being completed accurately. The care manager spoke with people to ensure they were happy and had everything they needed. One member of staff said, “The care manager checks that we know people have hospital appointments that day or are due to see the GP”. This ensured people received the support they needed

The registered manager had been appointed a few months before our inspection. During their registration process they had kept us informed of their progress and submitted statutory notifications in accordance with our regulations. A statutory notification is information about important events which the provider is required to send us by law. The provider had also completed the Provider Information Return (PIR) with information about the service and the plans they had for improving the service in the future. This demonstrated the registered manager was aware of their statutory responsibilities.

We saw that the quality assurance process had been improved to capture information about the quality of the service which was being provided. There were audits in place for several aspects of care including the quality of care plan entries, the environment and health and safety. A member of staff told us, “We’re involved in the audits too”, which meant staff were aware of the importance of monitoring the care they provided.