Bupa Care Homes (BNH) Limited

Field House Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 14 May 2015 and was unannounced. When the service was last inspected in June 2014 we found that the provider was not meeting the required standards in relation to the use of restrictive practices, specifically the inappropriate use of wheelchair lap belts. At this inspection we found that the service had taken action to address the issue and now met the required standards.

The home provides accommodation, nursing and personal care for up to 32 older people, with a range of health and support needs. At the time of this inspection there were 28 people living at the home.

The home 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

Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments connected to the running of the home and these were reviewed regularly. Accidents and incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences. There were effective processes in place to manage people's medicines.

The necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. There were enough staff on duty at the home.

People had been involved in determining their care needs and the way in which their care was to be delivered. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Several people did not enjoy the food and some people did not get as much to drink as they would like.

Staff were polite and courteous to people but interaction beyond offering care was minimal. Most staff treated people with respect but some staff talked about people in front of them in a manner which was not respectful.

Information was available to people about the services provided at the home and how they could make a complaint should they need to. People were assisted to access other healthcare professionals to maintain their health and well-being.

The manager had a clear presence and promoted a person centred culture within the service.

There was an effective quality assurance system in place.

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?

Good

The service was safe.

Staff were aware of the safeguarding process and understood the different types of harm that people could experience and the signs to look for.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled, qualified staff to provide for people's needs in all areas of the home.

Medicines were stored, administered and recorded safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training and had sufficient skills and knowledge to meet people's needs.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Many people did not enjoy the food and some people did not get as much to drink as they would like.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff were courteous and gentle when offering assistance to people, but conversation was focused on care tasks.

Most staff treated people with respect but some staff talked about people in front of them in a manner which was not respectful.

People were offered choices and the approach to care was flexible to meet people's wishes. Visitors were welcome at any time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People and their relatives were involved in planning their care.

People's care was responsive to their individual needs.

Some people were supported to follow their interests and hobbies but others were not offered appropriate stimulating activities.

There was an effective complaints policy in place and complaints were responded to quickly.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

People who used the service, visitors and staff had a clear understanding of who was managing the service.

There was an effective quality assurance system in place.

Field House 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 14 May 2015 and was unannounced. The inspection was carried out by a team of two 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. They had experience of caring for an elderly person and a care home environment.

Before the inspection, We reviewed the information available to us about the home, such as notifications sent to us by the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 10 people and two relatives of people who lived at the home, three care workers, a care support manager, a nurse, an activities co-ordinator, and the home manager. We carried out observations of the interactions between staff and the people who lived at the home.

We reviewed the care records and risk assessments for four people, checked medicines administration and reviewed how complaints were managed. We also looked at four staff records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, “I am safe here, much safer than when I was at home on my own.” Another person said, “I trust the staff here, they look after me” and a third person said, “Yes I am safe they look after me, I don’t fall.”

We saw that there was a current safeguarding policy, and information about safeguarding was displayed throughout the home. All the staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. The manager had a full understanding of when and how to make safeguarding referrals to the local authority and of how to notify the Care Quality Commission should the need arise. This demonstrated that the provider’s arrangements to protect people were effective.

There were personalised risk assessments in place for each person who lived at the home. Each assessment identified the person at risk, the steps in place to minimise the risk and the steps staff were to take should an incident occur. Accidents and incidents, including falls were reported to the manager. We saw that they kept a record of all incidents, and where required, people’s care plans and risk assessments had been updated. The care records had been reviewed to identify any possible trends and to enable appropriate action to be taken to reduce the risk of an accident or incident re-occurring..

An environmental risk assessment had been carried out to identify and address any risks posed to people. These had included fire risk assessments and the checking of corridors for obstructions. Each person had a personal emergency evacuation plan that reviewed regularly to ensure that the information contained with it remained current. These enabled staff to know how to keep people safe should an emergency occur.

There were sufficient numbers of suitably qualified staff on duty to meet people’s needs safely. People told us that there were enough staff to support their needs, although some people commented that staff were very busy and occasionally took too long to answer call bells. However, we observed that staff were visible throughout the home and they responded quickly when people needed assistance. We saw that the staffing levels had been determined by the number of people living in the home and the level of their needs.

Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. The staff files we looked at showed that appropriate checks had been undertaken before staff began work at the home. These included written references, and satisfactory Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. Evidence of their identity had been obtained and checked.

One person said, “I have my medicines when I need to.” People’s medicines were administered safely. People were assessed to establish if they were able to manage their own medicines and where this was not possible or where they did not wish to, then the staff administered them. The system used was robust and enabled a full audit of the administration of medicines to be undertaken. Storage of medication, including controlled drugs was in line with current good practice. Nursing staff’s training was kept up to date to ensure they understood and were competent to administer medicines to the people who required them. Nurses sought consent from people before medicines were administered and ensured that people took their medicines correctly.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in May 2014 the home was not meeting requirements in relation to the use of restrictive practices, namely in the use of lap belts, without clear evidence that people had given their consent to this. During this inspection we found that the service had taken action to address this issue and that no one was observed to be wearing lap belts without their agreement. Staff we spoke with had an understanding of how this could be seen as restrictive and that people's informed consent must be sought. People told us that staff asked for their consent before providing care and we saw many examples off this during our inspection.

People's capacity to make and understand the implications of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards and we saw evidence that these were followed in the delivery of care. Most staff we spoke with had an understanding of how the MCA and DoLS related to the care they provided to people. We saw that best interest decisions had been made on behalf of people following meetings with relatives and healthcare professionals and were documented within their care plans. The manager told us that they were was in the process of making DoLS applications for people who could not leave the home unaccompanied and who were under continuous supervision.

People told us that staff had the skills that were required to care for them. One person said, "The care is 100%, I'm extremely lucky that they found this place for me." Another person said, "The care is excellent and the staff are all really well trained." (A relative said, "I come in every day and the care is excellent."

Staff told us that they received regular supervision and felt supported in their roles. They told us that they had received the training they required for their roles. This was supported by records we checked. One member of staff told us, "We get plenty of training which covers most issues we come across." They went on to talk about how training had supported them to think about people's life experiences and how issues from the past can affect how people react to situations now. They tried to keep this in mind when supporting people, especially if people showed signs of anger or distress. We saw that staff practice in relation to manual handling was in line with good practice and staff demonstrated good skills and knowledge in this area. Staff told us that they had completed induction training when they started work at the home which included getting to know the service and the needs of people, as well as a period of shadowing more experienced staff. This showed that new staff had been given support to understand their role before taking up their full duties.

Although staff demonstrated skills in meeting peoples physical needs, we found that they did not all have the skills to engage effectively with people and that much of the care offered was task based, with little engagement other than offers of refreshments or personal care. For example, we observed that a member of staff offered gentle and well- paced support to one person to eat their meal, but did not speak to them at all whilst providing this assistance.

There were mixed views about the quality of the food provided at the home, and several people commented that it had recently deteriorated. One person said, "I don't like this modern cooking, half the food isn't cooked properly" and another person said, "The food is horrible." They went on to explain that they had previously enjoyed the food at the home but said they felt that cut backs must have taken place. However, another person said, "The food is fine and there's plenty of it." The manager told us that the meal provision at the home had recently changed and was still under trial. They confirmed that people's views were being sought about the new arrangements and would be fully considered when a decision was made about whether or not to continue with the new system.

People told us that, although they made their choice of meal in advance, staff were happy to offer an alternative if they changed their mind at the time. One person said, "Sometimes I don't want what they have so I ask for a slice of ham and cheese with potatoes and they give me that. " A choice of drinks and snacks were provided at intervals throughout the day and during the night if people were awake and hungry. However, one person told us, "I like my tea, but I always have to wait" and another person said "I can't get tea as often as I would like". Although jugs of water were available we observed that water glasses were empty in three people's rooms, and one person told us "the jugs are heavy, too heavy for me to manage". Another person commented that the water was not changed regularly

Requires Improvement

Is the service effective?

enough so they did not like to drink it. This could result in people not having enough to drink. However, people's weight was monitored, and, where there was an identified risk in relation to people's food and fluid intake, this was also monitored. Where needed, referrals had been made to the local dietetic service and the speech and language therapists.

People were supported to access healthcare appointments when required and there was regular contact with health care professionals involved in their care if their health or support needs changed. One person told us, "They call a GP out for me if ever I need that." Other people told us that the home had a visiting doctor and that outside appointments were arranged by relatives or by staff. Care records confirmed that people were referred to community health professionals such as physiotherapists, chiropodists, dietitians and speech and language therapists where appropriate, and that advice from these professionals was acted on.

Requires Improvement

Is the service caring?

Our findings

Most of the people we spoke with told us that the staff were kind, and a relative said, "I am in every day and I have never ever heard any of the carers say an unkind word." However, many people told us that the staff did not talk to them very much. One person said, "They don't talk much, I suppose they are busy." Another person said, "The carers don't say too much really. It's a bit lonely." Our observations supported this. We saw that, although people were comfortable in the presence of staff and that staff were friendly and caring, most conversations concerned tasks, such as personal care or food and drink, and there was little engagement beyond this. For example, we observed two people being given their medicines. As the tablets were put in front of them the staff member said "Here are your tablets" and then said no more until each person had taken the tablets, at which the staff said, "Well done" and walked away. As we walked around the building we heard very few bright communications or greetings from staff, who were focussed on their care tasks. This may result in people feeling socially isolated and not valued.

Although we saw that most interactions between staff and the people who used the service were respectful, we noted on several occasions that staff spoke about people in front of them in an insensitive manner or in a manner which did not demonstrate respect. For example, one member of staff spoke about one person's private life in front of them and other people. They did not appear to recognise that this caused them some distress. Another member of staff told us, "It takes such a long time to get anything started in the mornings because some of them need feeding with their drinks and they take so long." This was said in front of a group of people and did not demonstrate regard for people's feelings or demonstrate that they were valued by the member of staff.

However, people told us they felt that staff treated them with respect and maintained their dignity. They told us that staff knocked on their door before entering, and respected their privacy as much as possible when providing personal care by covering them with towels, and supporting them to do as much for themselves as they could or wished to. One person said, "They are careful and they always knock before they come in. They are respectful when they wash me. It isn't easy you know (to accept assistance with personal care)."

People's rooms were clean and the building was well set out and decorated. A relative remarked that their family member was appropriately supported to maintain their appearance and we saw that people were appropriately dressed in clean clothing. Relatives and friends were free to visit them at any time and we saw visitors coming and going throughout the day of the inspection.

People were given information about the home and the care that was provided to enable them to make choices about the service they received. Staff told us that, where appropriate, they made use of visual aids and pictures to support people to make informed choices. Some of the people's relatives or friends acted as their advocates to ensure that they received the care they needed.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with were mostly positive about the care and support they received. We saw that people's needs had been assessed and appropriate care plans were in place to ensure that they were supported effectively. People told us that their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this.

People and their relatives had been involved in the planning and regular reviews of their care. We saw evidence of regular communication with people's relatives. The staff told us that where possible, they regularly discussed and reviewed care plans with people who used the service and we saw evidence of care reviews in the records we looked at.

We found that the service was flexible in the way care was provided to meet people's individual needs. For example, where people found it difficult to eat in crowded environment, they were assisted to eat elsewhere to ensure they felt at ease at mealtimes. However, some people told us that they did not always feel they had a choice about whether male or female staff supported them and four people could not recall ever being asked if they minded. Although one person had a preference for their personal care to be provided by female staff they said, "I've never been asked and sometimes a man comes and washes me." The manager confirmed that people were asked for their preference in relation to male or female carers during their preadmission assessment and that this information was noted in their care plan. However, people's comments to us indicated that people were not regularly consulted to ensure that their current views in relation to this were always respected.

Although some people were supported to pursue interests and hobbies in the local community such as swimming and going to the local football club, the opportunities for other people were limited. There were planned activities in the home, but we found little evidence to demonstrate that these had been organised to take account of people's individual interests and several people told us they did not find the activities to their taste. One person said, "No I don't do their activities, I don't want to, boring". Another person said, "Me no I don't go. They aren't talking and there is nothing interesting to do." However, some people who did wish to attend activities told us they did not always get the opportunity to do so. For example, one person said, "I do go to activities when they come and get me but if they don't then I have to stay here." Many people spent much of their day alone in their rooms and several people expressed that they felt lonely or isolated.

On the day of our inspection, a gardening group was planned but, because it was raining, the activity was cancelled and nothing was planned in its place. This resulted in people sitting around in the activities room with nothing to do as staff did not appear ready to spontaneously engage people in an alternative activity. We passed the activities room several times during the day and noted that very little organised activity was taking place. We spoke with the manager about the organisation of activities at the service. They were aware that this was an area for improvement and told us that they were working with the activities staff to introduce more innovative and person centred activities based on people's hobbies and interests.

The home had a much loved pet dog who spent most of the day in the activities area, and, in the afternoon, was taken to see people who were nursed in bed who had expressed an interest in a visit. It was clear that many people thoroughly enjoyed the companionship of the dog and that this had a significant positive impact on their wellbeing.

People told us that they were able to personalise their bedrooms. In order to support people to maintain their individuality and diversity, we saw that they had personal items and photographs of friends and family members on display in their bedrooms. These familiar items made the environment feel homely and comfortable for them.

There was an effective complaints policy in place and notices about the complaints system were on display around the home. People told us that they knew how to make a complaint but had not had reason to do so. One person said, "If I had a complaint they would sort it out. My friend is very good at speaking to them about anything that isn't right and they do it." A relative said, "We did have series of incidents recently; I don't want to go into detail, but they did sort it out. It was complicated, but resolved." We looked at the complaints record and saw that complaints had been responded to in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

The service had a registered manager, and people, visitors and staff were aware of who the manager was. Most people and relatives spoke positively about the manager and said that they led the service well, although there were some mixed feelings about their manner. One person said "she's a good manager but she can be abrasive." Another person said, "She's fantastic, she can be abrupt sometimes but she's good at her job". A relative said, "She is fantastic, really hot at her job." All people we spoke with believed that the manager would act on any concerns they raised, although some people said they felt more comfortable if their relatives sorted issues out for them.

Staff were aware of their responsibilities, and understood the whistleblowing process and knew to report issues of concern to a member of the management team. Most staff felt that the support they received from management was consistent and helped them to do their job well. Staff told us and records confirmed that they had regular formal supervision. The manager ensured that handover meetings, short daily ten minute meetings and team leader meetings were held regularly to promote good communication and the smooth running of the service. During our inspection we saw that the management team walked around the home frequently and had a good rapport with people and the staff. They were aware of what was happening and were ready to offer hands on support to staff to meet people's needs when necessary.

People, their relatives and staff were encouraged to attend meetings with the manager at which they could discuss aspects of the service and care delivery. Records from a recent meeting showed that staff had discussed issues relating to the care and smooth running of the home. Staff also discussed any learning that had been identified from analysis of accidents, such as falls, and complaints at these meetings as well as the provider's policies, visions and values. The manager told us that a resident's satisfaction survey was last carried out in October 2014 and the result had not yet been sent. Once these were received, an action plan would be produced to address any shortfalls identified in the survey.

There was an effective quality assurance system in place. Quality audits completed covered a range of areas including infection control, care plans and medicines management. The provider conducted a regular programme of quality monitoring visits. We saw that action plans had been developed where shortfalls had been identified and the actions had been signed off when completed.