Bupa Care Homes (GL) Limited

Sabourn Court Nursing Home

Inspection report

Oakwood Grove
Leeds
LS8 2PA
Tel: 0113 265 8398
Website: www.bupa.com

Date of inspection visit: 29 September 2015
Date of publication: 16/12/2015

Ratings

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

Overall summary

This was an unannounced inspection carried out on 29 September 2015. Our last inspection took place on 4 April 2013 and found that the provider was compliant in all but one standard which was infection control. We carried out a focused inspection on 5 September 2013 specifically to look at infection control and found that the provider met this standard.

Sabourn Court provides accommodation and nursing care for up to 49 older people. The home is comprised of two buildings, namely Oakwood House and Park House. It is located close to local amenities and is accessible by public transport.

At the time of this inspection 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.

People who we spoke with felt safe using this service. Staff had received training in safeguarding and were able to demonstrate their knowledge in this area.

Summary of findings

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support. We found people had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met. The medication system was well managed and people received their medicines at the right times.

Recruitment processes were not always robust as thorough checks were not always completed before staff started work to make sure they were safe and suitable to work.

The provider did not have a way of assessing overall staffing levels for the service. Both people using the service and staff members told us there were insufficient numbers of staff whilst building works were taking place.

Staff were able to demonstrate an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, although some mental capacity assessments had not been fully completed.

On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who used the service. Staff demonstrated they knew people's individual preferences and what they needed to do to meet people's care needs. Staff demonstrated they respected people's privacy and dignity.

We saw people received adequate nutrition and hydration. They had access to a wide variety of meal choices, although people had different experiences regarding the quality of food.

Complaints were not responded to in accordance with the provider's policy and the results from the last survey for people living in the home had not been analysed by the provider. We saw there was support from the provider who carried out regular audits.

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?

Requires improvement

The service was not always safe.

Recruitment procedures were not robust and some staff had been employed without their suitability being fully explored.

Staffing levels had not been determined using a dependency tool which considered the needs of the people using the service.

We found that medicines were well managed.

Is the service effective?

Requires improvement

The service was not always effective.

We saw some mental capacity assessments had not been fully completed. The provider did not have records of best interest assessments for people who lacked the capacity to make decisions in relation to their health and social care needs.

We saw supervisions and appraisals had taken place, although the policy for this did not cover non-nursing staff.

People received adequate nutrition and hydration. People had different opinions on the quality of meals.

Is the service caring?

Good

The service was caring.

People using the service and their relatives told us they liked the staff and felt well cared for.

We saw that staff knew the people they were caring for and how they wanted to receive support.

We saw staff treating people in a dignified and compassionate way.

Is the service responsive?

Requires improvement

The service was not always responsive to people's needs.

We noted there was not always information recorded about the outcome or actions taken in response to complaints.

Care plans were easy to follow and contained information used by staff to provide person centred care.

Some people told us they were bored as there was not enough stimulation for them.

Summary of findings

Is the service well-led?

Good

The service was well-led.

We saw the provider regularly visited this location and carried out audits.

We found meetings took place for both people living in the home and staff on a regular basis.

People expressed that they valued the leadership and support provided by the registered manager.

Sabourn Court 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 29 September 2015 and was unannounced. The inspection team consisted of three adult social care inspectors, a specialist advisor in dementia, and an expert-by-experience with knowledge of dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 42 people living at the home. During our visit we spoke with twelve people who lived at Sabourn Court, four relatives, nine members of staff and the registered manager. We looked around some areas of the home including bedrooms, bathrooms and communal areas. We observed how care and support was provided to people throughout the inspection and we observed lunch in the dining room of Oakwood House. We looked at documents and records related to people's care, and the management of the home such as staff recruitment and training records and quality audits. We looked at six people's care plans and six medication records.

Before the inspection we reviewed the information we held about the home. This included notifications from the provider and members of the public. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England.

At the time of this inspection the service had a registered manager. Although this person had been seconded to work at another home for the provider they were present during our inspection. The acting manager was on annual leave and not available during this inspection.

Requires improvement

Is the service safe?

Our findings

People using the service told us they felt safe and added the staff were caring and competent at their jobs. One person said, “They look after me very well.” A staff member told us, “The staff team are brilliant here.”

Before our inspection took place the provider had made us aware that a refurbishment of the lift in Park House was to take place over 2 to 3 weeks commencing early September 2015. During our inspection we saw the provider had placed a message on the notice board to communicate this to people using the service. We saw the provider had installed a stair lift in Park House to assist people in transferring between floors. However the registered manager explained to us that people using wheelchairs had been unable to transfer on to the stair lift due to moving and handling complications. This meant some people living on the first and second floors had not been able to access other parts of the building during this period. The registered manager told us they had been assured by the contractor that the lift could be used safely at times when work was not actively being carried out, although this had not been attempted.

People living in the home commented they felt there should be more staff on duty. “I don't think there's enough staff. Sometimes you have to wait a bit.” “They mostly come pretty quickly, but if they're busy you can wait a bit.” One staff member described staffing levels as, “Poor” adding, “We need more nurses and care staff, particularly on a morning” Another staff member said, “It would be good to have more staff.”

We asked if the provider had a dependency tool which they used to determine overall staffing levels. The registered manager said staffing levels were based on people’s needs which were determined during a pre-assessment. A dependency tool to determine staffing needs for everyone living in the home was not in use. Since our inspection, the provider has introduced a tool to assess the overall needs of people living in the home and determine appropriate staffing needs. We were told by the acting manager this will be completed on a monthly basis.

We saw risk assessments had been completed in relation to moving and handling, nutrition and tissue viability. Where a risk had been identified we saw action had been taken in order to reduce the risk.

The training matrix showed staff had received safeguarding training in the last twelve months. Staff we spoke with had a good understanding of safeguarding and whistleblowing procedures. We found information on safeguarding and whistleblowing on display in the home. We looked at the information held on file for safeguarding incidents and found these had been investigated.

In both Park House and Oakwood House medication rooms were secure and keys were held by the registered nurses. We saw room and fridge temperatures in these areas were checked on a daily basis and were within accepted ranges.

As the lift in Park House was out of commission, the medicine trolley could not be taken upstairs. Temporary arrangements had been made to store some medicines in locked linen cupboards on the first and second floors. It was noted there was no system in place to monitor the temperature in these areas. We discussed this with the registered manager who arranged for thermometers to be purchased on the day of our inspection and temperatures to be recorded from the same day.

We found medication was consistently given to people in a timely way. We reviewed medication records for a total of six people. Each Medication Administration Record (MAR) sheet had a photograph of the person to identify them and the sheet also included a list of known allergies. The medicines we checked matched with the MAR records and no errors were noted. Appropriate systems were in place for the safe disposal of medication which had been not been administered.

Protocols were in place in care records for the use of ‘As and When Required’ (PRN) medicines with clear rationales for use. We observed people being asked by staff if they needed pain medication and making choices about when they took their medication.

We looked at the administration of creams, lotions and ointments. We saw the MAR chart had been signed by staff which showed prescribed creams had been applied. Body maps in care records we checked showed staff where to apply this treatment.

NICE best practice guidance states that covert administration of medicines only takes place in the context of legal and best practice frameworks to protect both the person who is receiving the medicines and the care home staff involved in administering the medicines. We saw one

Requires improvement

Is the service safe?

person was subject to covert medication. This medicine was first offered to the person as they were sometimes able to give their consent. We reviewed this arrangement and found the provider's policy had been followed. We saw evidence of involvement from a GP, the registered manager and communication with a family member, although this was not recorded as a best interest's assessment. A best interest's assessment is used to record how an action has been taken in the best interests of someone who does not have capacity.

At the end of each medication round the nurse completed a '10 Point Checklist' to ensure all medicines were signed for and no errors or omissions had been made. We saw these checklists were completed in both Park House and Oakwood House.

One relative we spoke with expressed how much they appreciated staff administering medication in such a timely way for their relative. They told us, "They understand the word Parkinson's."

We inspected maintenance records for the lifts, electrical installations, water quality, and fire detection systems and found all had been checked. We saw all portable electrical equipment had been tested and carried confirmation of the test and date it was carried out. All cleaning materials and disinfectants were kept in a locked room out of the reach of people who lived in the home. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions.

We did not detect any malodours during our inspection. Staff were observed washing their hands before and after aspects of personal care. Aprons, gloves and handwashing facilities were readily available and used by staff.

We looked at the recruitment records for six staff members and found an application form, record of interview and Disclosure Barring Service (DBS) check on file. DBS checks are used to identify whether staff have any convictions or cautions which may have prevented them from working with vulnerable people.

The nursing registration status for two members of staff was not in their recruitment records. We checked this with the registered manager who informed us that one of the staff members was not carrying out nursing duties until this evidence had been received. The registration status for the other member of staff could not be located. We looked for copies of certificates of qualification and found these were not kept on file. This meant the provider could not be sure staff were suitably qualified to carry out their role.

We looked at the provider's recruitment and selection policy which we noted had not been updated since May 2011 This version of the policy stated 'Qualifications checked in line with their role and copies retained on file' and 'Up to date registration checks with relevant bodies such as ISA/SSSC/PVG Scheme and all Nurses must hold a current valid pin number.'

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager told us a DoLS application had been made for one person using the service at the time of our inspection. This application had not been granted as the mental health of this person was deemed to have improved. We spoke to a member of staff who was not aware this person no longer had a DoLS application in progress. This meant their freedom may have been unlawfully restricted.

In the care plans we checked, we noted some people living at this home were living with dementia. Mental capacity assessments were completed for some people, but were incomplete for others. Where people were assessed as not having capacity, the provider did not have best interest assessments in place. This meant we could not be sure people who used the service were being given appropriate choices.

Staff we spoke with were able to demonstrate an understanding of both the Mental Capacity Act and DoLS and confirmed they had attended this training. We looked at staff training records which showed all staff had attended this training.

During our inspection we spoke with a mix of staff and looked at files to assess how they were supported to fulfil their roles and responsibilities. All staff we spoke with told us they had received two supervision sessions and an appraisal this year.

Staff told us they had received an induction which involved attending training and shadowing other staff. One staff member said, “It was quite thorough.” “I did two shadow shifts, but I think you need more.” We looked at training records which showed staff were up to date and had completed a range of training sessions including food safety, infection control, health and safety, moving and handling and safeguarding. One person using the service told us, “The staff are very cautious about me being able to do things, but now they know I can manage the stairs so they let me get on with it. They're very well trained.”

We checked the menus and found there was a wide choice of dishes available, including alternatives to main meals. We found people were able to maintain a healthy and balanced diet with options such as fresh fruit and yoghurt included on menus. People could also choose snacks in the evening from the ‘night bite’ menu.

We spoke to one person who told us they have a gluten free diet. We asked staff in the kitchen about this person and they demonstrated they were aware of this person’s dietary needs. They told us care staff communicated with colleagues in the kitchen on a daily basis with regards to any changes in people’s diets.

We observed the mealtime experience in Oakwood House at lunchtime. We saw the food was hot and well presented. The people who we spoke with about food told us, “The food's ok. I don't like it all. I eat it without always enjoying it. It's not my kind of food. It's healthy and there's a choice though.” “I don't like the food much. Some of it’s not bad. Some of it is horrible.”

The dining room was laid out restaurant style with table cloths and napkins. A number of people were wearing tabards and people in the lounge room had ‘TV tables’. We observed staff checking with people they had been given the meal they requested. Assistive cutlery was available and we saw staff assisting people to eat. Fluids were provided with juices and water available as well as hot drinks. There was a friendly and relaxed atmosphere in the dining room. Several people confirmed they were enjoying their food.

We asked the care staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always asked for people’s consent before they provided any care or treatment and continued to talk to people while they assisted them so they understood what was happening. The staff told us they respected people’s right to refuse care and treatment and never insisted they accepted assistance against their wishes.

Requires improvement

Is the service effective?

We spoke with a healthcare professional who was visiting the home during the inspection. They confirmed they had no concerns about the care and treatment provided. They added communication was good and staff had knowledge about the people they cared for.

We saw visitors were able to come and go freely and people went out with their relatives. Several people using the service told us they were supported to sit in the garden on nice days.

Staff told us they had a system for reporting faulty equipment which is effective and said repairs are carried out promptly. We asked if they had enough equipment to support the moving and handling needs of people using the service. One staff member told us, “We need another stand aid.” We asked how many stand aids were in use in Park House and were told one stand aid was in use for up to seven people who need this assistance on one of the floors. This meant that people had to wait for assistance if someone else needed a piece of equipment at the same time. We concluded this was not sufficient to meet the needs of these people. We communicated this to the registered manager during our inspection and asked them to re-assess whether they have enough equipment to meet peoples’ needs.

Good

Is the service caring?

Our findings

People using the service told us, “The staff are delightful. They couldn't be better or nicer.” “They look after me very well.” One person who spends a lot of time in their room said, “The staff pop in to see how I'm doing. ‘X’ is very helpful and kind and very funny at times, they pop in for a chat and we have a laugh.”

Relatives we spoke with told us they were involved in decisions and discussions about their relative's care plans. They said “We are very happy with the care here. It's much better than the place they were at before. We feel confident that they’re well cared for.” Another person told us they felt confident about their relative living at Sabourn Court, “It’s a breath of fresh air for me. I can sleep at night. The way that they (staff) speak to people is so lovely. It’s adult to adult.”

One staff member we spoke with said, “The home is a really nice place to be. People get up when they want to. We tend to know which people like to stay in bed. The staff are brilliant here”

Throughout the visit we observed very positive interactions between staff, people using the service and visitors. Staff knew people well and they were very relaxed with each other. We found the atmosphere throughout the service was calm. The conversations between staff and people were often humorous. People were given time and assistance was unhurried.

We observed staff treating people with dignity and respect throughout our visit. We saw staff knocking before entering people's rooms, giving people choices and asking them what they wanted. One person told us, “They help me doing lots of things, like going to the loo and that, but they don't make me feel embarrassed.”

One person told us they had asked staff to help them go downstairs at around 10:30am. This assistance was later provided at around 2:30pm which meant they had waiting for four hours to receive this assistance. The registered manager agreed to find out why this had taken so long and to speak to this person.

We observed one member of staff and a person using the service having a conversation in German. When the member of staff left, this person said to their companions, “It's nice to practice my German. I used to be quite good.”

People looked well cared for. They were tidy and clean in their appearance, which was achieved through good standards of care. One relative told us, “I don’t think you could get your laundry done any quicker.” When we looked in people’s bedrooms we saw they had been personalised with pictures, ornaments and furnishings.

Requires improvement

Is the service responsive?

Our findings

We spoke to relatives who confirmed their family member had a pre-assessment visit with discussion about how the care would be delivered and how the home could meet their relative's needs. One person said, "They have done everything they said they would." The other said, "We were very apprehensive, but we could not be happier with the care provided."

We looked at the care records for six people and found pre admission assessments for each person. These were detailed and covered all elements of the person's life. We also saw they were assessed again on admission to make sure the information was still correct. This meant that the provider had checks in place to ensure they were able to provide the care needed for these people.

We found care plans were easy to read and in each file we found a 'My Day, My Life, My Portrait' which provided a one page summary of people's care needs. They were also person centred with a section focusing on 'My Day, My Life, My Details'. This meant that care provided recognised individual needs and focused on person-centred support.

People we spoke with confirmed they and their relatives were actively included in discussions about their care plans. We saw evidence of this involvement and regular reviews in the care plans we checked. We also found evidence of involvement in planning care from a range of health professionals such as GP's, Physiotherapists, Speech and Language Therapists and Community Psychiatric Nurses.

At the time of our inspection there was an Activities Coordinator in post. We received mixed feedback regarding activities. One person said, "It's ok, but there's nothing to do." Several people told us they were bored. One person told us they, "Watch the eternal telly." Other people said they were supported to do things. One person told us that whilst the lift was out of order, staff supported them on an afternoon to visit another person who lived upstairs.

Several people commented they appreciated the church service on a Friday afternoon, but noted, "It's been scuppered by the lift situation." People told us they normally had chair exercises and animals visiting the home for pet therapy. During our inspection, we saw a member of staff assisting someone to enjoy a walk in the grounds of the home and games of dominoes taking place. We also saw a visit from a local school which was part of an inter-generational learning agreement with the home. We observed the Activities Coordinator positively interacting with people.

We looked at the provider's complaints policy and found this was up to date and described the different stages used to respond to complaints. We saw there was information on how people could complain on display in the reception area along with complaints forms. There was also a notice about whistleblowing. People told us if they had a complaint or concern they would have no concerns speaking to a member of staff. One person said, "I'd speak to my favourite member of staff (name)." One relative told us they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose.

Another relative we met told us they had raised concerns about some aspects of their family member's personal care not being carried out. We could not find evidence this had been recorded in the complaints log.

We reviewed three complaints and looked at how the provider had responded in each case. We found records were incomplete and although additional information was provided by the registered manager, it was still not clear whether the complaints had been resolved. One of the complaints we looked at showed only one of three issues had been addressed. We noted the complainant had acknowledged the response they received and indicated they were satisfied with the outcome.

Good

Is the service well-led?

Our findings

One person we spoke to who referred to the change in management told us, “They're having a change of staff at the moment. ‘X’ was transferred, but she came to see me today. It was nice to see them.”

The staff we spoke with told us the registered manager operated an open door policy and were confident that any issues they raised would be dealt with promptly. We asked if the registered manager was open to change and they told us they could make positive suggestions and people could speak up if they had concerns or ideas. We spoke to one staff member who commented on the current managerial arrangement. They said, “The staff don’t seem anywhere near as happy. Morale is low.” Other people said, “I think the management team’s hands are tied. They listen to you, but nothing changes.” “We’ve got brilliant staff, but the organisation doesn’t appreciate us.”

We looked at the results from the last staff survey dated October 2014 and found some changes had been made as a result of concerns highlighted. We saw the provider had introduced new ways of communicating key decisions at provider level to staff working in the home. We saw daily catch up meetings called ‘10@10’ had been introduced for nursing staff to share information. The organisation offered incentives to staff such as long service awards as part of commitment to valuing their contributions to their overall aims and objectives.

We found both staff and residents meetings were held on a regular basis so people were kept informed of any changes to work practices or anything which might affect the day to day management of the service.

We saw the area manager visited the home on a monthly basis to review the quality of care and facilities people received. This included looking at the environment, talking with people who used the service, relatives and other healthcare professionals to seek their views on the service.

The registered manager told us they had a system of continuous audits in place. These included audits on medication, health and safety, and the premises. We saw the medication audits were completed monthly and were up to date. We found care plans were audited and saw the area manager had identified areas for improvement.

We reviewed the home’s cleaning schedules and noted these were signed off daily when tasks were completed and then signed when checked by the registered manager on a weekly or daily basis. We also looked at the maintenance records in the home and could see regular checks took place and any maintenance requests were acted upon promptly.

The registered manager said there were policies and procedures in place to assist staff in carrying out their roles. However these policies were not easily available to staff. The registered manager told us the provider had recently updated their policies. However, at the time of our inspection they had not been downloaded from the computer and made available for staff.

We asked the registered manager for evidence of satisfaction surveys carried out with people using the service. We were told a survey was carried out last year, although the feedback had not been analysed due to a limited number of responses. This meant the provider had not responded to any concerns identified by people who completed the survey. We were told the 2015 survey was expected to be sent out shortly after our inspection.

We saw a selection of compliments which had been received this year. These included a relative who commented positively on ‘kindness and care’ showed to their family member and a note of appreciation from someone who stayed on respite who said they received excellent care and praised the ‘high quality meals’ and added ‘I leave refreshed.’

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Recruitment procedures were not operated effectively to ensure that persons employed are of good character and have the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19 (1) (2)**