Bupa Care Homes (Partnerships) Limited

Mali Jenkins House

Inspection report

The Crescent
Walsall
West Midlands
WS1 2BX

Tel: 01922746246

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 24 August 2016. At our last inspection visit in May 2014, the provider was meeting the regulations we looked at. Mali Jenkins House is a care home which provides accommodation and personal care for up to 20 people. At the time of our inspection 14 people lived at the home.

The home has a manager in post that is currently being registered with the Care Quality Commission. 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 told us they felt safe in the home. Staff we spoke with were aware of their responsibilities to keep people safe and report any allegations of abuse. People's individual risks were assessed and equipment was available for staff to use. People received their medicines as prescribed although some people's medicines were not recorded accurately.

There were sufficient numbers of staff available who were safely recruited and received training to support people's care needs. Staff understood the need to gain people's consent before providing any support or assistance but had a lack of understanding of the principles of the Mental Capacity Act. Assessments of people's capacity to consent and records of decisions had not been completed correctly in people's best interest.

People enjoyed their food and had choices regarding their meals. People were supported to access health and social care professionals to meet their care and health needs. People told us staff were caring. People felt involved in their day to day choices and were supported by staff to maintain their independence. People's dignity and privacy was respected by staff.

People and their relatives were involved in developing their care plans and people received care that met their needs. People told us they were happy living at the home and took part in a number of different activities. People and relatives knew how to raise any concerns and were confident any issues would be addressed.

People and staff told us the management team were approachable and supportive. People and their relatives were encouraged to share their opinions about the quality of the service. Quality audit systems were in place and there was evidence that action plans were put in place where improvement was needed.

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.

People were safe because staff understood their responsibilities to protect people from the risk of harm or abuse. Risks to people's care and health needs were assessed and managed safely. There was sufficient number of staff to meet people's needs. People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not always respected and staff did not understand the requirements of the Mental Capacity Act. Staff had the skills to support people's care needs. People had enough food and drink. People had access to healthcare professionals to meet their health needs.

Is the service caring?

Good

The service was caring.

People received support from staff that were caring in their approach. People were enabled to make day to day choices about their care and their views and preferences were respected by staff. Staff ensured people's dignity was maintained. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People were involved in planning how they were cared for and supported by staff. People were supported to make a choice about their day to day activities. People and their relatives had the information they needed to raise concerns or complaints should they need to.

Is the service well-led?

Good

The service was well-led.

People and staff felt the manager was friendly and approachable. Staff were aware of their roles and responsibilities and felt supported by the management team. There were systems in place to monitor the quality of the care provided and where issues had been identified actions had been taken to address any concerns.

Mali Jenkins House

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 24 August 2016 and was unannounced. The inspection was conducted by one inspector and one expert by experience. The expert by experience had experience of supporting a family member who used care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. This information is used to help plan the inspection. We also looked at the information we held about the home. This included notifications received from the provider about safeguarding alerts, accidents and incidents which they are required to send us by law.

During our inspection we spoke with six people who lived at the home, five visitors or family members, four members of staff, the manager and the regional director. We also spoke with one health care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records for four people to see how their care was planned and looked at people's medicine records. We also looked at staff records and records to monitor the quality and management of the home, including safeguarding and audits.

Good

Is the service safe?

Our findings

People told us they thought the service was safe. One person said, "I feel safe living here. Staff know me and what I need." Another person told us, "I have always felt safe and the staff are very kind. If I had concerns I would tell the carers or the manager." One relative told us, "Yes it is safe here they [staff] contact you if there are any issues. I feel [person name] is safe, I would not let them be here if I did not think it was safe." Staff were clear about their responsibilities to report any concerns they might have about a person's safety. They were able to explain the different types of potential abuse and how they would respond to protect people from the risk of harm. One member of staff explained, "I would speak to the manager straight away if I had any concerns about abuse or safety of a person." Staff told us they were confident the manager would take action if any concerns were raised. They explained if they felt appropriate action was not being taken they would report concerns to the local safeguarding authority or CQC. We looked at records and saw where incidents had occurred concerning people's safety; staff had followed the provider's procedure to protect people from the risk of abuse and the manager had reported concerns to the safeguarding authority in order to keep people safe. This showed there were systems in place to ensure allegations of potential abuse or harm would be appropriately escalated.

Staff we spoke with understood how to protect people where there was a risk such as fragile skin or with people's mobility. Staff told us risks to people were assessed and where required equipment was available for staff to use. We looked at the ways in which staff supported people to manage known risks. For example, we saw a member of staff supporting a person to mobilise using a walking aid. We saw the member of staff explain to the person where they should hold their walking aid to mobilise safely. We looked at the person's records and saw a risk assessment had been completed and information updated to ensure staff continued to meet the person's needs. We saw where incidents, accidents or falls had occurred that impacted on a person's safety staff had taken appropriate action to reduce the risk of it re-occurring. For example, by referral to an external healthcare professional or increased monitoring to reduce risks of falls.

People we spoke with told us they were a sufficient number of staff to meet their needs. Although some people said there were occasions where they may have to wait for assistance for short periods of time. For example, if two members of staff were supporting another person with their care needs. One person said, "Staff come when I press the call bell." A relative commented, "I think there are enough staff they are sometimes very busy particularly if someone is off sick but [person name] needs are met, they are happy with the care." We observed people's needs were met in a timely manner and saw that people were not left waiting for long periods of time for personal care or for support. We saw that there were sufficient numbers of staff on duty to assist people with their care and support needs throughout the day.

Staff told us they had been interviewed and pre-employment checks had been completed before they started to work at the home. One member of staff said, "I had an interview with the manager then they completed checks." We looked at two staff files and saw pre- employment checks had been completed these included Disclosure and Barring Service checks (DBS). DBS checks include criminal and barring checks to help employers reduce the risk of employing unsuitable staff.

We looked to see whether medicines were managed safely. One relative told us, "[Person's name] has to have their medicine at certain times, this is always done." We viewed the processes for those people who required their medicines to be given at set times. We saw systems were in place and people received their medicines as prescribed. We sampled Medicine Administration Records (MAR) and saw some people's medicines were not recorded accurately. One of these medicines was prescribed to a person to ensure they did not develop blood clots. We found the total number of medicines available did not match the person's MAR chart. Although there was no evidence that anyone had been harmed by these errors, we discussed this with the manager who told us they would review the medicine process and ensure staff that were involved in medicine administration was re-trained in the medicine recording processes. There were people living at the home who required medicines 'as and when required'. Protocols were in place to help staff identify when to give these medicines and we saw staff had recorded when these medicines had been given to people to manage their health needs. We looked at the systems used to store and dispose of people's medicines and found the provider was doing this safely.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Records we looked at showed assessments had been carried out to consider whether or not people lacked capacity to make decisions. We saw examples where staff made decisions about people's care when records demonstrated they had the capacity to make decisions themselves. For example, one person had bed rails fitted, records stated they had capacity to make their own decisions, however they were not enabled to consent to this decision. This meant the principles of the MCA had not been followed as the person had not been involved in making decisions about their care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the manager had made four applications to the local authority and was waiting for DoLS assessments to be completed. However, the DoLS applications had been submitted for people when records suggested they had capacity to consent to their care. The manager told us they would review these assessments to ensure they correctly reflected people's capacity and that DoLS applications were not submitted for people who should be consenting to their care and support.

Some people living at the home may not have the capacity to consent or contribute to decisions about their care. People we spoke with told us staff sought their consent before offering care and support. One person said, "Staff ask me first before doing any care and wait for me to agree." One member of staff said, "I will ask [people] for their consent, I explain what I am going to do and make sure [people] agree. If they do not, I might wait five minutes and ask again or offer encouragement. If they refuse I will leave and maybe try again later or ask someone else to try." During the inspection we saw staff seeking consent from people and waiting for people to agree before providing any care or support.

Staff we spoke with had a mixed understanding of MCA and DoLS. They were aware of obtaining consent from people, but were not fully aware of DoLS and what this meant in practice for those people who might have their rights restricted. We spoke with the manager and regional director about this who said that additional training would be arranged for staff to develop their understanding of the MCA.

People told us they were happy with the care they received and said staff had the skills to meet their needs. One relative commented, "Staff know what they are doing they are very good I think they are well trained." Staff we spoke with said they felt confident in their job roles and had the necessary skills to support people living at the home. They said that they felt supported by the manager and had received training that enabled them to perform their roles. One member of staff we spoke with said, "I have had training which is relevant to my role, for example manual handling, if makes me feel more confident in what I am doing." Staff told us they had recently received training in how to administer food and medicines through a tube into a person's stomach safely. They said this enabled them to meet people's needs safely. Staff demonstrated an

understanding of people's health and support needs and how to respond to these. For example, we saw a member of staff support a person who became anxious; we saw the staff member re-assure and calm the person. Staff said when they started in their roles they completed an induction. This included shadowing an experienced member of staff to get to know the people who were living at the home and to ensure that they understood their responsibilities within their job role. Staff we spoke with said they had one to one meetings and attended staff meetings. They said this provided the opportunity to discuss their own development needs along with the needs of the people they cared for. This meant staff were supported to gain the skills and knowledge to meet people's needs.

People told us they enjoyed the food and were offered choices about the meals they had. One person said, "Food is good." Another person told us, "There is always an alternative if we don't' like what's on the menu. I wanted salad the other day and didn't want a cooked meal and they [staff] organised it for me." Relatives we spoke with were also positive about the food provided. One relative commented, "Get a good choice of meals, I sometime have a meal here with [person's name] it is very good." A member of staff told us, "People seem to enjoy their meals. We have a comments book to record people's views of the meals." People told us that there was always plenty to drink. We saw throughout the day members of staff checking with people if they wanted a drink and encouraging them to take regular drinks to stay hydrated. We looked at records including the comment book and saw people's individual comments about meals were recorded. This was used by the provider to gain feedback from people about the food and the menu choice. Records we viewed relating to fluid intake were recorded and monitored by staff. We spoke with the chef who was able to explain to us about people's individual dietary needs and preferences and how these were catered for. We observed mealtime and saw it was a pleasant experience with people not being rushed to eat their meals. Where people required encouragement with eating and drinking staff did this discreetly. This showed people were supported to eat and drink sufficient and to maintain a balanced diet.

People were supported to see the doctor and other healthcare professionals when required. One person said, "If I need to see the doctor or the nurse [staff] would organise an appointment for me." We looked at people's healthcare records and saw that referrals were made to healthcare professionals promptly where concerns had been identified. Guidance given by healthcare professionals such as dieticians or district nurses were recorded in people's health care records for staff to refer to. We saw that staff worked closely with health and social care professionals to ensure people's health needs were being met. One healthcare professional we spoke with said there was always staff available to support people with their health needs. We saw where people required specific care such as regular re-positioning to protect fragile skin this was being completed by staff appropriately.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "The care I receive is very good." A relative commented, "The [staff] are really good and interact very well with people." During our conversations with staff they demonstrated they had a detailed understanding of people's individual needs, likes and dislikes. Staff said that they worked closely with people and their families to ensure they cared for people in a person-centred way. We saw people responded positively to staff and were smiling when engaging in conversation with them. We saw when people became anxious staff spent time with them offering reassurance and supporting them in a caring manner.

People told us they were supported to express their views and be involved in making choices about their care and treatment. People told us they felt listened to and able to say how their care was provided. One person told us they chose what time they got up and went to bed. Another person told us staff supported them to choose what clothes they wore. A third person invited us into their room and we saw that it was decorated to reflect their personal tastes and had various personal effects on display. People told us they were supported to maintain their independence as much as possible. One person said, "I do as much as I can for myself [staff] will support me if I need help." We saw one member of staff support a person to mobilise safely with the use of their walking aid we saw the staff member offer encouragement to the person while they walked to their room independently.

Although no one living at the home was using advocates when we visited, we saw people had access to independent advocacy services and information was displayed within the home. Advocates are people who are independent and support people to make and communicate their views and wishes.

People told us their dignity and privacy was promoted and respected by staff. One person said, "[Staff] are always polite and respectful, they close the door and curtains when necessary and cover me with a towel when I have a wash, always preserving my dignity." Another person said, "[Staff] always respect my privacy, they knock on the door and wait to be asked in." We observed staff speak respectfully to people and other members of staff when discussing a person's care or support needs. Staff we spoke with shared examples of how they treated people with dignity such as talking to people at eye level and making sure people were happy with the way care was provided. This demonstrated people's dignity and privacy was respected by staff.

People were supported to maintain relationships with family members and friends. Relatives we spoke with told us they could visit the home at any time and were made to feel welcome. One relative commented, "I am always welcomed, you can come anytime." People told us they could choose where to sit with their relative either in the lounge area or in the privacy of their own room if they wished.

Good

Is the service responsive?

Our findings

People and their relatives were involved in the planning of their care and support. One person told us, "Both me and [relative] were involved in my care plan when I arrived, my likes and dislikes things like that." A relative commented, "I am involved in any care planning or review of [person's name] care. [Staff] keep me informed of everything."

We looked at the care records for four people and saw people's preferences and choices had been taken into account in planning their care. For example, people's daily routines and people's preferred method of communication were recorded in a personalised manner. For example, one person liked to have their hand held and be spoken to at eye level. We saw during the day staff spoke to this person at eye level and when required touched their hand. Staff told us there was a 'resident of the day' system in operation within the home. This meant people's care needs were reviewed on a monthly basis with the person and care plans updated to reflect any changes in a person's need. One person told us, "Staff come and talk things through with you at least once a month." Staff told us that they shared information with other members of staff if they saw any changes or had concerns about a person's well-being. They told us information was shared straight away with the manager or senior staff and relayed to staff at the end of their shifts to ensure staff that were starting their shift had the most up to date information. Staff told us they also had a communication book so appointments and reminders were available for all staff to refer. This showed a system was in place to ensure any changes in people's needs were responded to in a timely manner.

We asked people what interested them and what they enjoyed doing during the day. Although on the day of our inspection we did not see organised activities taking place we observed some people reading magazines, watching the television or engaged in conversations with staff. People and relatives we spoke with told us regular activities took place at the home such as church services, arts and crafts sessions and various games; information was displayed on a board in the entrance of the home. One person told us, "Staff pop in for a chat and there are other activities going on. We have an activities person they arrange different things such as bingo and crafts." People and their relatives told us there was a room decorated in the style of a pub which they enjoyed using. One person we spoke with said they enjoyed spending time with their family and going on outings with them. This showed people were supported to take part in a range of different activities.

People and their relatives told us they had no need to complain about the care they received, but said they knew how they would raise concerns if they needed to. One person said, "If I had any complaints or was upset I would talk to my [relative] or the carers. They know me well." A relative commented, "I would make an appointment to see the manager if I had any concerns." Staff we spoke with told us they were happy to raise any concerns on people's behalf and that the manager would listen. Although we saw there had been no complaints since the last inspection we found there was a system in place to ensure if there were any complaints these would be responded to appropriately.

Good

Is the service well-led?

Our findings

We saw that people and their families were involved in the home and had their opinions and views listened to. However there were mixed views whether feedback from meetings, surveys or questionnaires were responded to. One person said, "[Manager] comes and speaks to me regularly and listens to me. There are also [residents] meetings usually every month." Another person said, "There are questionnaires every few months we fill in. I am not unhappy with anything." While a relative commented, "We do have meetings and complete questionnaires but we do not have any feedback from these from the provider." We spoke with the manager about this they said they were continuing to develop the communication systems within the home to ensure information was shared with people appropriately. For example, outcomes of questionnaires and actions taken to address any issues shared at resident's meetings. People and staff we spoke with said they were able to speak with the manager at any time and that they were approachable. They said they listened to their views and were supportive. One relative said, "[Manager] is very approachable and keeps me informed about anything I need to know. This showed people were able to share their views about the service they received.

The home had a clear management structure in place. Staff told us they had access to information which enabled them to be clear about their roles and responsibilities. The management team and staff members had access to resources to keep their skills and knowledge current to ensure people were cared for safely. One member of staff said, "[Manager] is always available if you need them for advice or anything. Very supportive and listens to what you have to say. I am happy working here." We saw staff attended meetings where people's needs and other issues in relation to the wider service were discussed. Staff we spoke with said they felt confident any concerns they raised with the management team would be listened to and dealt with appropriately. Staff members said they were aware of the provider's whistle blowing policy and would be confident in using this if required. Whistle blowing means raising a concern about a wrong doing within an organisation. This demonstrated staff felt supported by the manager and provider in their job role and were able to share their views.

The manager was new to the post. They told us they had applied to become registered with CQC. Since their appointment to the post of manager they said support was provided to them by the provider. They had regular contact with their manager either by telephone or visits to the service. The manager was in the home on a daily basis. They demonstrated a good understanding of all aspects of the home including their responsibilities as a manager. This included the requirement to submit notifications when required to CQC when certain events occurred such as allegations of abuse.

Information supplied by the provider as part of the Provider Information Return (PIR) was consistent with what we observed and found within the home. We saw the provider and manager carried out regular quality checks of the home. All aspects of people's care and the environment were reviewed regularly. For example, health and safety, medicine, people's care records and incident and accidents audits were completed and where required improvement plans were developed. However we found despite medicine audits being carried out on a regular basis, they had failed to identify the concerns raised during the inspection. We discussed this with the manager and they said they would address the issue of recording of medicines

straight away.