Bupa Care Homes (BNH) Limited

Puttenham Hill House

Inspection report

Puttenham
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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 inspection was carried out on 28 July 2015. Puttenham Hill House provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 30 people and on the day of our inspection 27 people lived at the service. The accommodation is arranged over two floors. The service also provides end of life care to people.

On the day of our visit the registered manager was on leave. 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. We were assisted by the relief home manager and the regional quality manager.

There was not always enough staff deployed around the service to meet people's needs. One member of staff said "On some days and at some times we are really pushed for time and this means we cannot do the things we want with people that we know they would benefit from."

Summary of findings

Nurses had not been provided with up to date clinical training or recent clinical supervision. Staff were kept up to date with the required service mandatory training and their competencies were assessed regularly.

We recommend that all staff receive appropriate and ongoing or periodic supervision in their role to make sure competence is maintained.

Staff received training around their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). However there were not enough assessments of people's capacity. Staff gained consent from people before they provided care.

People said that they felt safe at the service. One relative said "I absolutely feel that (my family member) is safe, I leave here with confidence when I have visited, it's a safe place."

Staff had knowledge of safeguarding adult's procedures and training had been provided to all staff.

People understood about the medicines they received. Medicines were managed in a safe way and staff recorded, stored and administered medicines safely.

Risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and made them safe.

Accidents and incidents were recorded and the deputy manager analysed the information from this to look for trends. This was then discussed with staff at handovers and staff meetings.

Checks were undertaken when staff were recruited to the service that ensured that they were suitable.

People felt that their re care needs were being met. One person told us "The staff are very good."

People liked the food at the service. One person said "The food is very tasty; I get plenty to eat and drink."

Where people needed to have their food and fluid recorded this was being done appropriately by staff. People received nutritious food and drink that met their needs.

People had access to a range of health care professionals, such as the GP, opticians, community dentist and physiotherapist.

People and relatives felt that staff were kind and caring. One relative said "I feel that they look at (family member) as a person, staff are very engaged and I feel encouraged that they (staff) ask me about (family member)." One staff member said "I would be happy for my mum to be here."

People and relatives said they felt involved in the planning of their care. One relative said "I was involved in the discussions around my (family members) care."

People felt that they were treated with dignity and respect as did relatives of people. Staff at the service used an advocacy service where people needed the support.

A pre-assessment of people's needs was undertaken before them moved in. One relative said "(The manager) came out to assess my (family members) needs."

Staff did not always have the most up to date and accurate information about people. This meant that there was a risk that people may not receive the most appropriate care.

People who used the service and relatives said the management of the service was good. One person said "I think the manager is nice, he makes time to come and speak to me."

People's and relative's comments, and the records we saw, demonstrated the provider had consulted with people about the service provided. This included the use of surveys and questionnaires.

We saw various audits had been used to make sure policies and procedures were being followed and to improve the quality of the service provided. This included infection control, resident involvement, health and safety and housekeeping.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Summary of findings

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

There were not always enough qualified and skilled staff at the service to meet people's needs.

Staff were aware of the risks to people and how to manage them. People were receiving all of their medicines as prescribed.

Staff were recruited appropriately. Staff understood what abuse was and knew how to report abuse if required.

Is the service effective?

Requires improvement

The service was not always effective.

Staff did not have a good understanding of the Mental Capacity Act 2005 and people's capacity assessments were not always completed appropriately.

Staff did not always have the most up to date clinical training or supervision of the work that they undertook. However the service mandatory training and supervions were up to date.

People were supported to make choices about food and said the food was good.

Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs.

Is the service responsive?

Requires improvement

The service was not always responsive.

There was not always the most up to date information about people's care needs.

There were activities that suited everybody's individual needs.

People knew how to make a complaint and who to complain to.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There were appropriate systems in place that monitored the safety and quality of the service.

Where people's views were gained this was used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns. The culture of the service was supportive.

Puttenham Hill 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 was an unannounced inspection which took place on the 28 July 2015. The inspection team consisted of two inspectors, a nursing specialist and an expert by experience in care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. 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 service, what the service does well and improvements they plan to make. We also looked through notifications that had been sent to us by the registered manager.

During our inspection we spoke with the relief manager, the regional quality manager, 13 people that used the service, 5 visitors, 10 members of staff and three health and social care professionals. We looked at a number of care plans, recruitment files for staff, audits of the service, medicine administration records, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. We observed some care being provided during the inspection.

The last inspection of this home was on the 30 September 2013 where we found our standards were being met and no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People said that they felt safe at the service. Relatives felt that their family members were safe living at the service. One relative said that they were happy to leave his family member when they go home from visiting as they know they are in "Good, safe care." Another said "I absolutely feel that (my family member) is safe, I leave here with confidence when I have visited, it's a safe place."

There were mixed views from people and relatives around whether there were enough staff to support people. One person said "Staff are able to meet my needs." Another person said that they didn't have to wait "Too long" before staff answered their call bell. However another person told us that they had to stay in bed longer that day because there were not enough staff around. Another told us that after their meal they would prefer to stay downstairs longer but it wasn't possible because there were not enough staff to help. On the day of the inspection one person was not eating their breakfast until 11.30. They told us that this was because there were not enough staff on duty to assist with personal care.

There was not always enough staff deployed around the service to meet people's needs. We were told by staff that on some days there were two carers on each of the units but on other days there was only one carer on one of the units. Staff said that if they needed assistance to move people when there was only one carer they would need to ask another carer from another unit to assist which would then leave that unit short. One member of staff said "We don't like leaving the floor to go and assist people upstairs as this leaves us short here." We saw from their rotas that there were times when only five carers were on duty in the mornings. This resulted in staff being 'borrowed' from other floors when two staff were needed to move someone.

All of the people living at the service on the day of the inspection had nursing needs. We were told by staff that there was one nurse on duty on most days. One member of staff said "On some days and at some times we are really pushed for time and this means we cannot do the things we want with people that we know they would benefit from." They told us that morning and evenings were "Extremely" busy and busiest when undertaking their medicine rounds. They said this was also when people required the most care in terms of dressings and bathing. One member of staff said that they "Struggled" with paperwork as there wasn't time on top of undertaking their other clinical duties. We spoke to the interim manager and quality manager about this. They said that it had been raised before by other staff that there should more than one nurse on duty at a time.

There were not always sufficient staff deployed around the service to ensure that people's care and treatment needs were being met. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff said that they would refer their concerns to the manager and if necessary to someone more senior. There was a Safeguarding Adults policy and staff had received training regarding this. There were flowcharts in the offices on each floor to guide staff and people about what they needed to do if they suspected abuse.

People said that they understood what medicines they were receiving. One person said that they would always get their medicine on time.

We looked at medicines management and administration at the service. The temperature of the medicines room and fridge was recorded daily in a book that ensured that medicines were kept at the correct temperature. In addition, each room had a weekly cleaning rota that ensured refrigerators and cupboards were kept tidy and clean. This is a good practice that ensures the clinical areas are kept clean and well organised. The provider had an efficient system of ordering new stock and had not over stocked on any product.

The service medicines policy was comprehensive and up to date and staff knew how to access this. We observed a nurse undertaking the medicines administration rounds at the service. They approached people in a professional and caring manner and they explained what the medicine was for, asking for people's consent, or their agreement before dispensing the medicine and waited for the person to swallow it (or them). They did not rush people and seemed to have a good rapport with them.

We found that a lot of people living at the service had been prescribed Paracetamol (and other medicines) 'As necessary' (PRN) and there was guidance in place for each of these. People's Medicine's Administration Record Charts (MARs) were complete and up to date. We spoke with

Requires improvement

Is the service safe?

clinical staff about their understanding of people's medicines. Their knowledge was good and up to date. For example, they were able to describe the special circumstances under which some medicines should be given and at what times. They both said they had received training and had been assessed for medicines administration competence.

One person told us that there took themselves for a walk around the service several times a day. They said that this had been risk assessed and they felt safe doing this.

Risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of manual handling, nutrition, skin care, personal care, communication needs, medication management and continence management. Risk assessments were also in place for identified risks which included malnutrition and choking and action to be followed. One person was at risk choking. There were provided with thickened fluids and were on a soft food diet. There was guidance to staff on the risks and what they needed to do to support this person. Risk assessments were assessed monthly and sooner if this was needed.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and made them safe. There were personal evacuation plans for each person that were updated regularly which was kept in people's files and a copy in the reception.

Accidents and incidents were recorded and the deputy manager analysed the information from this to look for trends. This was then discussed with staff at handovers and staff meetings.

Staff recruitment files contained a check list of documents that had been obtained before each person started work. We saw that the documents included records of any cautions or conviction, evidence of their conduct in the previous employment, evidence of the person's identity and full employment history. This gave assurances to the registered manager that only suitably qualified staff were recruited.

Requires improvement

Is the service effective?

Our findings

People felt that staff their care needs were being met. One person told us "The staff are very good." One relative said "I am happy with the support (their family member) receives, there is nothing that I can fault, moving here was the best thing that ever happened to (their family member)." Another relative said that staff wanted to ensure that the care provided to their family member was as effective as it could be. They said that staff suggesting ways of providing care that would give their family member a better quality of life.

Staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. However there was not enough evidence of mental capacity assessments specific to particular decisions that needed to be made. There were also no detailed records of why it was in someone's best interest to restrict them of their liberty if this decision had been made.

One person had a bed rail however there was no assessment around whether they were able to consent to having the bed rail. Another person had a MCA assessment but there was no information around the decision that needed to be made. All of the questions in this assessment were answered as "Variable" in relation to whether the person understood the information. DoLs applications did not detail what the person was being restricted of. We spoke to the quality assurance manager who said that additional training was being rolled out to all of the staff at the BUPA services to ensure that MCA assessments and DoLs applications were being undertaken appropriately and accurately.

As there was not always clear systems in place to ensure that capacity was assessed and DoLs applied for where necessary this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff gave examples of where they would ask people for consent in relation to providing care. People said that staff asked them consent. One person said that staff asked them permission before they provided personal care or hoisted them.

Staff were supported in relation to the work that they carried out. Staff said that they felt supported in their roles. One member of staff said that her induction was thorough and felt that they had been "Well supported and given clear guidance from my employer." Another said "It's a really good team here, I feel very supported." There were systems in place for most staff to meet with their manager on a one to one basis. Subjects discussed at supervisions included any training needs and objectives for the following weeks. However since the deputy manager (who was a nurse) had temporarily left the service earlier in the year clinical supervisions had not been undertaken. There was also no evidence of when nurses last had updated clinical training although most of the nurses had not been at the service long. Staff displayed a good knowledge of people's nursing needs. However they were not being supported by a clinical lead to undertake supervisions of their work.

Staff were kept up to date with the required service mandatory training. The training included fire safety, moving and handling, health and safety and food hygiene. Staff told us that the training provided was effective and helped them in their roles.

We recommend that all staff receive appropriate and on-going or periodic supervision in their role to make sure competence is maintained.

Everyone we spoke with said that they enjoyed the food at the service. Comments from people included "The food is very tasty, I get plenty to eat and drink" and "The food is excellent." One relative said that the food was very good and that they met their family member's nutritional needs.

People had a choice of where to have their meals, either in the dining room or their own room. A menu was displayed on the tables in the dining room for people and on the wall outside. We fed back to the relief manager that people struggled to read the menus . They said that they would address this straight away.

We observed lunch being served, we saw that staff engaged with people, offered choices and provided support to eat

Requires improvement

Is the service effective?

their meal if needed. There was a relaxed and chatty atmosphere. We saw that people in their rooms received the meals they had asked for and were provided them in a timely way.

Where people needed to have their food and fluid recorded this was being done appropriately by staff. Intake and output of food and fluid was recorded on forms that were kept in people's rooms.

This meant that staff had an accurate record of what people had drunk. Drinks were within reach for people that were in bed. People were weighed monthly and if there was a change in someone's weight then this changed to weekly. Where needed people were referred to the appropriate healthcare specialists.

The chef had records of people's individuals requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs.

People had access to a range of health care professionals, such as the GP, opticians, community dentist and physiotherapist. The GP visited regularly and people were referred when there were concerns with their health. One person said "I have asked and I have seen a doctor who was helpful." One health care professional said that they receive accurate information from staff when attending the service.

Good

Is the service caring?

Our findings

People and relatives felt that staff were kind and caring. Comments included "I feel that they look at (family member) as a person, staff are very engaged and I feel encouraged that they (staff) ask me about (family member)", "Staff are very personable, we feel we are fiends with them all" and "Staff here are good, you can have a laugh with them."

We observed staff interacted with people in a kind and compassionate manner. We saw they responded promptly to people who were requesting assistance and they did so in a patient and attentive way and we noted some warm and friendly exchanges between staff and people.

Staff spoke with people while they were providing care and support in ways that were respectful. They ensured people's privacy was protected by ensuring all aspects of personal care were provided in their own rooms.

In addition, staff had good knowledge of individuals and knew what their likes and dislikes were. We found evidence of this when people were offered drinks throughout the day. Staff used people's chosen names when they spoke with them. We heard one member of staff say to a person after they had been anxious "Is that better now, how do you feel?"

Staff said that they enjoyed working at the service. One said "I would be happy for my mum to be here

One health care professional told us that staff demonstrated passion and commitment to the people that lived at the service.

People and relatives said they felt involved in the planning of their care. One relative said "I was involved in the discussions around my (family members) care." They said that they got to visit the service and meet staff before their family member moved in. They told us that they were encouraged by staff to help write their family members care plan. Another person said that staff asked her about the care that they wanted. Another person said "I chose to come here as I knew the place

People felt that they were treated with dignity and respect as did relatives of people. We saw staff knocked on people's doors and waited for an answer before then entered their rooms. Personal care was undertaken with doors and curtains shit. One member of staff said a person was conscious about having pureed food when sitting in the dining room. They said that they found ways of making the food look more appetising and less like pureed food so that they person was less conscious about eating it in front of other people. One person said "Staff help me clean my glasses and help me with anything else I need." Another person said "I have my own telephone line in my room, I like my bedroom, it's private and staff knock before they enter."

Staff at the service used an advocacy service where people needed the support. We saw that this had been accessed for one person. Most other people at the service were supported by family members.

Requires improvement

Is the service responsive?

Our findings

People told us that before they moved in the manager undertook a pre-assessment of their needs. Relatives also confirmed this. One relative said "(The manager) came out to assess my (family members) needs." They told us that this was done to see whether the service was the right place for their family member.

However despite people's records did not always include sufficient information to enable staff to provide appropriate care and support. One person's diagnosis was unclear. There were three different stated diagnoses however this person was being provided with medication for only one of these. . This meant that staff didn't have the information they required in appropriate individual care plans to provide the support that met the person's needs. The records suggested that this person should be provided re-assurance during personal care but there was no clear plan on how best to do this.

Another person had a history of urine infections. Their records did not provide staff with guidance about how they should support the person to prevent further reoccurrence. In addition we could not locate a short term care and comfort care plan to cover the period when the person had the infection and were taking antibiotics. This infection can cause pain and discomfort but there was no evidence what support was provided for this person during this time.

One person had been admitted to the home and it was recorded that they had a grade two pressure ulcer. A photograph indicated in the care plan that this was a wound. There was no skin integrity care plan for the wound. We spoke with the lead nurse who told us "When I started here the records were in a terrible state, we have and are trying hard to improve them but some we have not got to, we will do these next, I am very disappointed". They told us that this person had seen a GP but there was no record of this in the person's care plan. We were told there were kept separately. We saw that there was no mention from the GP of the person's wound.

Care and treatment was not always provided that met people's individual needs. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Communication was regularly shared with staff about people. Each day the senior staff on duty had a ten minute discussion about the occupancy of the service, staff that were on duty, any health care professional visits that were taking place and any changes in people's care. In addition to this there was a staff handover after each shift where any information about changes in people's needs.

There was a complaints procedure in place for people to access. One person said "If I complain about anything my relatives usually talk to the manager to get it resolved." Another person said "When I have problems the manager usually deals with them." One copy of the policy was in each person's room and there was another copy for people in reception. There was a spread sheet of complaints and compliments and how these had been addressed. One relative complained about food debris being left around a person's chair. We saw that housekeeping were informed straight away who cleared this up. Another person complained that they had to wait to get up in the morning due to the lack of staff. The registered manager addressed this with staff and then met with the person to apologise. Compliments from people and relatives included "Thank you for all your love and kindness and support."

People and relatives were complimentary of the activities that were on offer. One relative said "(Family member) had a visit from the activities coordinator on the first day (their family member moved in) to see what she wanted to do." Each person at the service had a photograph album that showed elements of their life that usually involved friends and relatives. These albums were used to stimulate memories and events in people's lives that staff used to prompt conversations.

There was a wide range of activities on offer for people which included room visits for people, games, quizzes, arts and crafts, flower arranging, music and exercise classes. One person came to the service once a week to have a meal and to participate in the activities which they said they enjoyed. There was a television screen at reception for people to see which displayed what activities were on offer that day. There were also photos on the screen of activities that had taken place.

There were seasonal and themed events that took place throughout the year for example 'Wimbledon Weekend' where strawberries and cream were provided to people and a summer fete took place. People spiritual needs were also catered for. There were religions services and bible discussions for those that wanted to take part.

Requires improvement

Is the service responsive?

We saw a mixture of activities going on through the day. One person had a room visit and we saw that the person really appreciated this. There were games taking place in the activity room which people enjoyed. We saw people accessed the large gardens during our inspection.

Good

Is the service well-led?

Our findings

People who used the service and relatives said the management of the service was good. One person said "I think the manager is nice, he makes time to come and speak to me." One relative said "The manager is incredible, he cleared his diary so he could spend time talking with us" whilst another said "I like the manager, I get the feeling from staff that they are happy to work here."

People's and relative's comments, and the records we saw, demonstrated the provider had consulted with people about the service provided. This included the use of surveys, questionnaires about the food and meetings to gain people's views. We saw that where suggestions had been raised to improve the quality of the service these were addressed where possible. People asked for the portion sizes of the meals to be reduced and this was addressed. Other areas included where people had asked for an increase in activities and this had been addressed.

We found regular meetings had been held with people who used the service, and their relatives and friends. The provider and manager shared information with people about changes at the service, such as a refurbishment grant being awarded to the service to make improvements.

We saw that the senior staff were present and visible around the service throughout the inspection. Staff received annual appraisals where performance over the year was discussed and further training and development was encouraged.

Staff told us they held the manager in high regard and that the home had been through a very difficult patch but things were much better now. The service seemed well organised and the atmosphere was calm. The staff were friendly and helpful. Staff said that they felt valued and supported. One member of staff said "It's a good support network here." Another member of staff said "The manager and senior staff support us, if we suggest something they listen. We see the manager on the floor all of the time."

We saw various audits had been used to make sure policies and procedures were being followed and to improve the quality of the service provided. This included infection control, resident involvement, health and safety and housekeeping. A comprehensive action plan had been devised to address shortfalls with the details of who was responsible for this. For example it was identified that there needed to be an up to date list of all medical devices in use and details of their safety checks. We saw that had been done.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered provider had not always acted in accordance with the requirements of the Mental Capacity Act 2005.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered provider had not ensured that there was always up to date and accurate information about people's needs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered provider had not ensured that people who use the service were cared for by sufficient numbers of qualified, competent and experienced staff.**