

Bupa Care Homes (AKW) Limited

# Nairn House Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 24 and 25 July 2017 and was unannounced. At our last inspection in April 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'. At the last inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to consent to care and treatment. At this inspection we found that the registered provider had addressed this breach.

Nairn House is a home for older people who are in need of nursing care. It provides accommodation to a maximum of 61 people some of whom were living with dementia. At the time of our inspection there were 53 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 were well treated by staff and felt safe with them.

Risks to people's safety had been identified and ways to mitigate these risks had been recorded in individual care plans and were understood and being followed by staff.

Staff understood their responsibilities to keep people safe from bullying, harassment, avoidable harm and potential abuse.

Systems were in place and being followed to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about working at the home and told us they worked well as a team and appreciated the support they received from the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they enjoyed the food provided and that they were offered choices of what they wanted to eat.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences.

People told us that the management and staff listened to them and acted on their suggestions and wishes.

Both people using the service and their relatives told us they were happy to raise any concerns they had with any of the staff and management of the home.

People were included in monitoring the quality of the service and we saw that their suggestions for improvements and preferences about how they wanted to live their lives were respected and acted on.

## 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 continued to be safe.

### Is the service effective?

Good ●

Staff had the knowledge and skills necessary to support people safely.

Staff understood the principles of the MCA and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

### Is the service caring?

Good ●

The service continued to be caring.

### Is the service responsive?

Good ●

The service continued to be responsive.

### Is the service well-led?

Good ●

The service continued to be well-led.

# Nairn House Care 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 checked 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 unannounced inspection was undertaken on 25 and 26 July 2017 and was carried out by two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We spoke with 21 people who gave us their views about what the home was like. A number of people were not able to communicate verbally with us as they had a cognitive impairment or complex needs. We observed how staff interacted and treated people throughout the two days of our inspection. We wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. We spoke with seven friends and relatives of people using the service.

We spoke with 20 staff, including care and nursing staff, the registered manager and the service manager of the home.

We looked at 16 people's care plans and other documents relating to their care and treatment including risk assessments and medicines records. We checked eight staff files and other records held at the home including meeting minutes as well as health and safety documents and quality audits.

## Is the service safe?

### Our findings

People and their relatives told us they were well treated by staff and had no concerns about their safety. One person said, "I go to bed and sleep. I know someone's looking after us." A relative said, "Yes she always has someone around she can ask if she has any worries." Another relative told us, "Yes, there are times where I ask him if anyone shouts at him or hurts him, He says no. I feel I am quite observant."

Staff knew how to recognise potential abuse and how to report any concerns they had to the registered manager. They also knew that they could report any concerns to outside organisations such as the Care Quality Commission (CQC) the police or the local authority. The registered manager had used previous safeguarding issues as an opportunity to learn and to improve the service.

Before people were admitted to the home the registered manager or a member of the nursing staff met with them and their family or representative to discuss and assess their needs. These assessments included looking at any potential risks people faced in relation to their care and treatment.

Where risks had been identified the registered manager had recorded how these risks were to be reduced. For example, where someone was at risk of developing pressure ulcers, specialist equipment had been provided and regular monitoring and repositioning procedures had been put in place. Staff understood the potential risks to people in relation to their everyday care and treatment. These matched the risks recorded in people's care plans.

The service assessed environmental risks at the home and conducted regular safety checks and reviews. We saw records of these checks in relation to fire safety, Legionella, window restrictors, portable appliance testing, bed rails and weekly, monthly, bi-annual and annual maintenance checks.

Accidents and incidents were recorded with information on the details of the incident, any injuries sustained, any actions taken, any witness to the incident and any follow up required.

We checked medicines on all three floors of the home and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines. The nursing staff audited medicine records after each medicine round. The registered manager also carried out audits regularly to ensure any potential errors were identified and acted upon. The registered manager had completed a provider information return (PIR) in June 2017 and had stated that there had been no medicine errors.

We arrived at the home at 06:30am because we wanted to check there were enough staff deployed at night to meet people's needs. There were two staff on each floor which meant there were six staff working at night supporting 53 people. There was a relaxed atmosphere and staff were calmly supporting people as required. There was one person up and dressed and they told us they were happy with the staff and their care.

We spoke with all the night staff and they told us, although they were busy, they were able to manage. One staff member commented, "No, it's not rushed."

Most people using the service did not have any concerns about staffing levels. One person commented, "Yes, they give me everything I'm supposed to get. I get it." Another person told us, "Yes, compared to hospital where they were all rushing around. There is no panic [here]."

Staff files showed the service had continued to follow safe recruitment procedures. Staff files contained recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. The organisation carried out the necessary checks to make sure that staff were legally allowed to work in the UK.

## Is the service effective?

### Our findings

At our last inspection in April 2015 we had concerns about how the management and staff were implementing the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). We identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the registered manager wrote to us describing the actions they would take in order to become compliant with this standard. At this inspection we found that the registered manager had complied with the breach in relation to consent to care and treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack the mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away from them. Although there were people at the home who were living with dementia, staff understood that they must still offer as much choice to people where they were able to make day to day decisions about their care.

Mental capacity assessment forms had been completed, were in all care plans and had been signed and dated by a member of the nursing staff in each case. There was evidence of best interest documentation forms in some care files we examined.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do. A relative commented, "I think they do. If [my relative] doesn't want to come out of bed then they don't force them."

People's responses about the staff were generally very positive and one person we spoke with told us, "They relate to what's going on. The staff, they're good workers." Another person commented, "Most of them are very good." A relative commented, "Oh yes they're very good at their job."

Staff were positive about the support they received in relation to their training and development. One staff member told us, "The training is fine. I learn a lot." Staff told us and records showed they received refresher training when required. One staff member commented, "We need [refresher] training to remind us to protect our backs." Another staff member told us, "I enjoy working here. They give you a lot of training."

Staff told us they were provided with a good level of training in the areas they needed in order to support people effectively. Records showed staff received training in first aid, medicine management, food hygiene,

infection control and safeguarding people. In addition, staff told us that they had completed nationally recognised health and social care vocational qualifications. Night staff told us they were up to date with their training. One night staff told us, "Yes, we manage the training."

Staff told us that supervision was useful for them and they felt able to discuss any issues or concerns they had with their supervisor. One staff member told us, "I can discuss things that I feel could be improved and I can also discuss my training."

Staff were positive about their induction. One staff member, who had been recently employed, told us about the five days of training they completed before they starting working at the home. They told us, "It made me excited to start the job." They also confirmed they shadowed a more experienced staff until they felt confident to work on their own. Staff induction included working through the Care Certificate which is a set of standards that social care and health workers must follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

People told us they liked the food provided at the home. One person told us, "Yes I eat quite well. Drink as much as I expect to drink. Yeah I think there's quite a good variety." Another person we spoke with said, "We get the food we want and that's important." A relative commented, "The food is really good."

Nutritional needs were assessed for all people in all the care plans reviewed with MUST (Malnutrition Universal Screening Tool) scores and weights updated each month. Care plans highlighted any particular dietary needs such a diabetic diet, food preferences and any risks associated with eating or nutrition such as risk of choking or risk of weight loss.

Information was clear and detailed with direction to staff on how to best support people and manage risks. For example, some people were at risk of dysphagia (swallowing difficulties) and care plans outlined specific measures with regard to food textures or how to position the person when eating to avoid any risk of choking. There was evidence of referrals to and input from the Speech and Language Therapist (SALT) team with guidelines and advice on individual needs and dietary plans.

The head chef was aware of the people that needed a special diet because of particular health requirements such as diabetes or if someone needed a soft diet. At the last inspection by the environmental health department the kitchen had received the top score of five 'scores on the doors'.

People were appropriately supported to access health and other services when they needed to. Each person's personal care records contained documentation of health appointments, letters from specialists and records of visits.

One person we spoke with said, "They help me see the local doctor." Another person commented, "Yes, if I need someone. I saw a speech doctor and a nutritionist. There was a foot doctor last week too."

The home was supported by the Community Health Assessment Team (CHAT). We spoke with a member of this team who explained that they acted as a liaison point to other health services and helped to integrate care when people moved between hospital services and the home or if they were discharged home following respite care. They were positive about the manager and staff and reported that the home provided good support to access other services and communicated well with other providers.

People using the service and their relatives said that the registered manager was very good at monitoring people's health and getting the appropriate healthcare professionals to visit them if required.

## Is the service caring?

### Our findings

People told us they liked the staff and that they were treated kindly and with respect. One person we spoke with said, "Yes, as soon as I walked through the door it was 'hello how are you'." Another person commented, "I treat them with respect and they treat me with respect." A relative told us the home provided very good care and that some of the staff were, "Excellent and very caring."

People were relaxed with the staff and it was clear from the calm and friendly interactions between staff and people using the service that positive and respectful relationships had developed between everyone.

Staff were familiar with people's needs and progress and were able to explain how to support different individuals. One person told us, "They know me off by heart."

People were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do. One person commented, "If I ask for anything like a cup of tea they will try and do that." Another person told us, "They know me very well."

Although people told us they were involved in their care and staff confirmed with us that they reviewed people's needs with them, there was little written evidence of this in people's care plans. A relative said that she was regularly involved in discussions about her mother's care but had not seen the care plan. Another relative told us, "I'm very involved because I have made it known I want to be very involved."

Staff understood and responded to each person's diverse needs in a caring and compassionate way. Staff understood people's spiritual needs and organised contact with relevant religious groups on a regular basis.

We spoke with the registered manager and service manager about how they would ensure that people with 'protected characteristics' would be welcomed, protected and encouraged at the home. The registered manager and staff understood about issues relating to equality and diversity and told us that they made sure no one would be disadvantaged because of, for example, their age, sexuality, gender, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

The registered manager gave us examples where people had used advocacy services when they needed someone to act on their behalf and speak up for their rights.

People and their relatives confirmed that the staff were respectful and thought about their privacy. Comments about this included, "Yes, they're alright. They treat me properly," "When washing me they keep me covered up and shut the door" and "Yes, they knock before they come in."

Care plans had information for staff in order that they understood people's wishes and requirements as they neared the end of their life. The CHAT representative told us that the nursing and care staff provided very

good care overall and commented that some staff were excellent. They stated that the palliative care at the home in particular was, "First class" with other relevant health care professionals and support provided when needed.

We saw many very positive testimonials from relatives of people who had received palliative care.

## Is the service responsive?

### Our findings

Care plans were centred on the individual and gave staff clear and detailed information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety.

People's input into their care was not always being recorded in care plans. Some people told us they did not want to be involved but they would say something if they were not happy. One person told us, "I came here from the hospital so everything was done by someone else." This was a view shared by a number of people we spoke with. Although care plans were being regularly audited by nursing staff, checking people's involvement was only a small part of the auditing process. We discussed this with the registered manager who told us they would ensure that people's comments about their care were included in all care plans.

Where people's needs had changed, the nursing staff had made the necessary changes to the person's care plan so all staff were aware of and had the most up to date information about people's needs. We saw a number of positive examples where people's health and well-being had improved considerably since moving into the home.

People who used the service and relatives we spoke with told us that the home encouraged visitors. We saw a number of visitors over the two days of the inspection. One person we spoke with told us, "My wife visits me. She's the brains of the outfit!"

People told us they could take part in regular activities and we saw both group and one to one activities taking place on both days of the inspection. As a result of feedback from people using the service and their relatives, the provision of activities had increased at weekends.

One person said, "Saturday afternoon I do flower arranging." A relative told us, "He watches the television a lot. He likes his own company. However, the girls and I encourage him. He quite likes the music therapist." Another relative commented, "She does join in the activities. She likes the flower arrangement thing and the music thing. The staff say she's quite open to a chat."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. One person commented, "I would just have to tell somebody if I was unhappy, so far so good." A relative commented, "I'll go see the manager." We spoke with a relative who had recently made a complaint about a member of staff. They told us the registered manager had taken immediate action and met with them. They said, "We were happy with the outcome."

## Is the service well-led?

### Our findings

Staff were positive about working at Nairn House and the support they received from the registered manager. One staff member said, "The way we work as a team is good." Another staff member commented "[The registered manager] is so open and everyone can bring concerns to her and she will deal with it, she listens. We work as a team."

People who used the service and their relatives were also very positive about how the home was run and the registered manager and the management of the home. A relative told us, "I think it is [well-run]. But there's always room for improvement. [The registered manager] is friendly and approachable. She responded to my complaint when I made that complaint."

People who used the service and their relatives told us the registered manager asked how they were and if there was anything they needed or if they had any suggestions for improvements.

The nursing and management team undertook various quality audits. These included audits of care records, risk assessments, medicine management as well as health and safety compliance. Where issues had been identified as requiring improvement, these were being addressed appropriately and required action was recorded.

There were records of meetings with people who used the service and their relatives. Suggestions that people had made had been actioned by the registered manager and there was a notice in reception titled, 'What you said; what we did.' For example, as a result of suggestions from people using the service, the amount of activities had increased and a receptionist had been deployed at weekends.

There was a yearly quality monitoring survey that was given to people so they could give their views about the service. Although people could not always remember filling these out, we saw that the results of the most recent survey in 2016 were positive. Staff were also able to give their views anonymously via a staff survey.

Checks regarding the safety and security of the premises were taking place on a regular basis and records of maintenance and servicing of the building were satisfactory and up to date.