Bupa Care Homes (ANS) Limited

Bayford House Nursing Centre

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?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on the 12 and 13 February 2015 and was unannounced. Bayford House Nursing Centre is set within six acres of landscaped gardens on the fringes of Newbury. The home is registered to provide personal care and nursing for up to 63 people and is divided into two areas. The main building provides accommodation and nursing care, whereas the adjoining building, Newdale Court, provides residential care only.

Accommodation is provided over two floors; all of the rooms on Newdale and most of the rooms within the main building have en-suite facilities. There are spacious communal areas throughout the home.

On the day of our visit 28 people were using the services on the nursing wing and 15 people were using the services provided at Newdale Court.

There is a registered manager. A registered manager is a person who has registered with the Care Quality

Summary of findings

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's care plans detailed how the person wanted their needs to be met. Risk assessments identified risks associated with personal and specific health related issues. They helped to promote people's independence whilst minimising the risk identified. People told us that sometimes they feel isolated as staff were busy and did not always have time to "stop for a chat". Comments included: "I don't think they have time for chatting, but they are nice". The manager told us that this was an area that they planned to improve. We have made a recommendation that the provider seek guidance from a reputable source, about promoting activities and contact for people who use the service.

People told us they felt safe and secure. They said they would approach staff if they were worried about their safety or about the services provided and felt they would be listened to. The recruitment and selection process helped to ensure people were supported by staff of good character and there was a sufficient amount of qualified staff to meet people's needs safely. Staff knew how to report any concerns they had about the care and welfare of people to protect them from abuse. Learning from incidents and investigations took place. The manager had kept a track of incidents and accidents which were analysed monthly to identify any patterns. Appropriate changes were implemented to promote people's safety.

The service had taken necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLs provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

Staff were supported to receive the training and development they needed to care for and support people's individual needs. The manager made reference to the In-Reach Team (partnership working with West Berkshire Health and Social Care Professionals) and stated: "I think support has been enormous delivering training and assessing resident's needs, they have been very approachable. What has been particularly good about this was having another professional's view coupled with the training they had delivered to staff."

People told us they were happy living in the home and that staff were attentive, kind and respected the decisions they made. Comments from people included: "as you know things in life don't stay the same, I'm not worried about anything and I get all the support I need. I'm very happy". People's families also told us that they were involved in the decisions made about there relatives care and were kept informed. Comments from people's families included: "I visit most days, the reason (name) is here is to be closer to home. I don't think we could possibly find a better place".

People received good quality care. We found that the provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care.

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?
The service was safe.

Staff knew how to protect people from abuse.

People's families felt that people who use the service were safe living there.

The provider had robust emergency plans in place which staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe. Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

Good

Is the service caring?
The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

Good

Is the service responsive?
The service was not always responsive.

Activities within the home were provided for each individual and tailored to their particular needs. However some people felt isolated as there were limited activities available for them.

Staff knew people well and responded quickly to their individual needs.

People's likes, dislikes and preferences were recorded in their care plans that provided information for staff to support people in the way they wished.

Requires improvement

Summary of findings

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

People who use the service and staff said they found the manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager had carried out formal audits to identify where improvements may be needed and acted on these to improve the services provided.

Health and safety checks were completed to promote people's safety.

Bayford House Nursing Centre

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 the 12 and 13 February 2015 and was completed by one inspector. The first day of our inspection was unannounced and we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The second day was announced to speak with people and examine records.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. 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 at all the information we have collected about the service. The home had sent us notifications about injuries and of safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our inspection we spoke with nine people who lived in the home, three visitors, four registered general nurses, seven care staff, the chef, activity coordinator and the registered manager. We observed care and support in communal areas and used a method called 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 to us.

We looked at nine people's records that included records kept in their rooms that were used by staff to monitor their care. In addition we looked at five staff recruitment and training files, staff duty rosters, menus and records used to measure the quality of the services that included customer satisfaction surveys and health and safety audits.

Good

Is the service safe?

Our findings

People who use the service and their families told us that they felt safe. Comments from people included: "Oh, if I didn't feel safe I would tell them" and "I have a call bell and pendant to use if I needed someone to help me in an emergency". People and their visitors told us that they believed they would be listened to by the registered manager and staff if they had a concern. A relative of a person said they would not hesitate to speak up if they had a concern and added "but there has been no need to".

Staff had received safeguarding training. They told us that this had taught them how to recognise what constitutes abuse and how to report concerns to protect people. The registered manager stated: "we've been revisiting the whistleblowing policy 'speak up' at team meetings so that staff are confident that they know what to do if they had a concern". Staff spoke of the provider's 'speak up' policy and said that they had been given a card, similar to an identity card, that detailed who they could contact through whistleblowing should they have a concern.

The registered manager had reported two incidents of alleged abuse to the local safeguarding authority and Care Quality Commission since their last inspection in August 2014. These were in reference to medication errors. The Safeguarding team at the local authority had instructed the manager to investigate and to report their findings. The outcome was substantiated and staff's competency to give people their medicine safely was reassessed.

People told us that they received their medication on time and when they needed it. We observed staff giving people their medicine and taking precautions to promote people's safety. For example, ensuring the medication trolley was not left open and unattended.

The service used a monitored dosage system (MDS) to assist staff to administer people's medicines. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right time. Where a person had medicine which could be taken 'as required', guidance was available for staff to help them recognise when this medicine was needed. The service had a stock of homely remedies such as paracetamol should a person have a headache or other condition that required pain relief. Staff told us that they followed guidance to ensure people were not given a homely remedy continually or without review. For example staff said: "we can give a particular homely remedy, such as paracetamol to a person three times and would then ask the GP for a review to promote the safe administration of the person's medicine".

Health and safety checks to promote the safety of the people who use the service were undertaken. These included annual gas safety inspections, weekly tests of fire alarms, water tests for legionella and tests to ensure water remained at the recommended temperature to minimise risk of scalding. Staff had received health and safety training. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, following a medication error, staff had their competency checked before being reinstated to give people their medicine.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained. The provider carried out checks to ensure people were being cared for by nurses who were registered on the Nursing and Midwifery Council (NMC) register to practise in the UK.

People told us there were always staff around to help them if they needed support. They told us that they do not have to wait long when they press their call bell for assistance as "staff respond pretty quickly". The staff roster showed that there had been an increase of registered nurses at night to two as opposed to one since our last inspection in August 2014. We also found that routine use of agency staff was no longer required as the home had a full complement of nurses and health care assistants. The manager informed us that there were nine registered nurses employed and 24 health care assistants. Nine health care assistants have completed a National Vocational Qualifications (NVQ) or equivalent and a further five have commenced Qualifications Credit Framework (QCF) awards in care.

Good

Is the service effective?

Our findings

At our inspection on the 20 and 21 August 2014 the provider was not meeting the requirements of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers. The registered person did not have suitable arrangements in place in order to ensure the persons employed were supported in relation to their responsibilities, to enable them to deliver care and treatment to people safely and to an appropriate standard. The provider sent us an action plan on 19 September 2014 describing how they were going to make improvements to meet the requirement by 30 October 2014. At this inspection the provider had met the requirement of the regulation.

Staff told us they received training, supervision and appraisals. This was reflected in the staff records we looked at. They told us that regular supervision and team meetings had given them the opportunity to discuss their learning objectives and to be more aware of the needs of the people who live in the home. Comments included: "we used to think that supervision was bad, but following training we know that this has been a positive step moving forward to support people who use the service". We spoke with a commissioner from a local authority who told us that they had observed improvements overall with staff morale and training. They told us that this had improved the services provided for the people who use the service.

Training had been developed for staff to meet health and safety, mandatory and statutory training requirements as well as receiving training to support specific individual needs, such as dementia care. We also noted that the service had received support over a period of three months from the West Berkshire In-Reach Team. This team of health and social care professionals were based across West Berkshire. They provided services that included working with staff, reviewing people's needs and demonstrating good practice. They also supported and trained staff to enhance their skills and improve their confidence by building on existing good practice. The manager and staff told us that the service had proved to be invaluable and had given staff confidence and a fuller understanding of people's individual needs. The head of care told us that staff were more confident and were scheduled to attend first aid training at another of the provider's services. Nursing staff were also scheduled to attend syringe driver training in the Newbury Community Hospital.

People told us that staff always asked them about their care needs and how they wanted those needs to be met. The registered manager and staff assessed capacity, if necessary, in the first instance. They were aware and alert to the needs of people whose capacity may be reducing because of health issues. Staff described people whose mental health was deteriorating and knew how this could impact on their capacity to make decisions. People were asked for their consent and agreement to their overall care plans and areas of care within them. The registered manager and staff demonstrated their understanding of consent, mental capacity and Deprivation of Liberty Safeguards DoLS. The manager had submitted appropriate applications for DoLS to the local authority.

People told us the food "was good" and that there was "always plenty to eat". We observed staff asking people what they would like for tea and detailing the lunch menu for the following day to help them make a choice. The chef told us they had worked in the service for five months and had completed an induction that included health and safety and basic food hygiene. Menus were displayed on a menu board, they included a breakfast menu and 'night bite menu' for when the kitchen was closed. The chef spoke of a new 'principal menu' which is a four week menu that offers choice and said people were offered an alternative to the main menu on request. The service used a tool to assess whether people were at risk of poor nutrition and or dehydration. Food diaries detailed the food and fluid intake of individuals to minimise risks and people identified at risk were referred to their GP or dietician.

We observed that specialist equipment such as pressure care mattresses and falls matts were available to promote people's wellbeing. People were supported to attend healthcare appointment s and were supported by a GP surgery which provides an enhanced service to enable people to have access to a named GP.

Good

Is the service caring?

Our findings

People told us that staff were “kind” and “considerate” towards their needs. Other comments included: “I’d rather be in my own home, but it is good here and staff are very kind”. “Overall I don't think we could possibly find a better place, absolutely wonderful” and “staff are very caring”.

We observed lots of banter and laughter between people and staff and noted a comfortable and relaxed atmosphere. Staff responded to people in a respectful manner and listened to what they had to say. Staff had taken time to give people the information they needed, particularly people with dementia, to ensure they were able to make an informed choice. These included choices in everyday activities such as choosing what to eat and how to spend their time. Staff had attended training that covered dignity and respect and made reference to promoting people’s privacy. We could see that staff were aware of people’s needs, likes and dislikes. People told us that they enjoyed living in the home and that staff made sure they had what they needed to be comfortable. We spoke with a person and their visitor who stated: “the nurses are fantastic". Another relative of a person said: “staff are good, excellent really; I know (name) is happy”.

People’s care plans centred on their needs and a ‘map of life’ detailed information about their family, their interests and of major events in their life that were important to them. The manager told us this enabled staff to gain an understanding of the person’s history as well as becoming familiar with their cultural and spiritual needs. Comments from people’s families included: “staff care, they are all good” and “gran is happy here”. They told us that they felt they could visit the home at any time and were always made to feel welcome. Staff were observed to respect people’s privacy when alone in their room or alone with their visitors, such as knocking on people’s doors before entering.

Staff told us that they had received support and training from the In-reach team that included dementia and end of life care. Nursing staff told us they were scheduled to attend further end of life care training that included syringe driver training in Newbury Community Hospital. People and their families were supported with end of life decisions about where they want to be cared for through continual assessment of the person’s needs. Their wishes were reflected in their care plans to ensure staff respected the person’s dignity, privacy and choice.

Requires improvement

Is the service responsive?

Our findings

The activity coordinator was new to the role and told us they had started to schedule and build on a variety of activities for people. However they said that due to staff resources it would be difficult to visit people in their room for one to one activities more than once a week. The activity coordinator was receiving guidance from monthly meetings and links with other services run by the provider to learn about activities for people living with dementia. They had also received guidance from the West Berkshire In-reach team and attended a meeting with the Alzheimer Society 'memory café', which is a meeting for people with dementia and their carer's. However they have not been able to put in to practice all they had learned to benefit and improve the lifestyle for people who use the service. The manager told us that this was an area that they were looking to improve so that people who lived on the nursing wing of the home received the same level of recreational activities as those on Newdale Court.

People told us that they were happy with the service and that staff responded respectfully to meet their needs. However some people told us that they felt isolated. Comments included: "I don't like being here on my own". "Sometimes it would be nice if staff could come in and have a chat with me for 10 minutes; it makes a lot of difference". "I don't think staff have time for chatting, but they are nice". The comments were mostly from people on the nursing wing as opposed to the residential section of the building 'Newdale Court.

The home has quarterly residents and relatives meetings and had received feedback through concerns, compliments and suggestions. The home has a complaint procedure that is accessible to people and their visitors. This had given people and their families opportunity to provide feedback to the provider about the responsiveness of the service. We noted that between the period August 2014 and January 2015 the service had received two concerns, 73 compliments and three suggestions.

People's care plans and supporting documents were reviewed by staff once a month using a process called 'Resident of the Day'. These records were also reviewed at least annually if not before, dependant of the person's changing needs. People and their families, where appropriate, and health and social care professionals were invited to annual reviews so that they were fully informed and involved in decisions made. Assessments of the person's needs were updated.

People's care plans such as 'resident's choices and preferences' detailed how the person wanted their needs to be met. Risk assessments identified risks associated with personal and specific health related issues such as pressure care, eating and drinking and mental health. Short term care plans were used when people's needs had temporarily changed due to illness and these were highlighted in red so they were easily recognised. We were informed by the manager that the provider has launched a new care plan approach and that training for staff has been arranged and new documentation planned.

We recommend the the service seek advice and guidance from a reputable source, about promoting activities and contact for people who use the service.

Good

Is the service well-led?

Our findings

People knew the registered manager and said that “she pops in” to see them regularly. They told us that the manager was approachable and listened to what they had to say. People’s families told us that they were kept informed and that they were fully involved in decisions made to meet their relative’s needs. Comments from people who use the service included: “staff do find the time to spend with me if they are not too busy” and “yes I’m happy living here although when I first came here I was not sure”.

The home manager registered with the Care Quality Commission (CQC) in June 2014 as the registered manager and had just completed their induction when we visited the home in August 2014. At this inspection the manager spoke enthusiastically of improvements made to improve the quality of care people received. These included additional staff hours and training for staff to support people who use the service.

We found that staff morale had greatly improved since we last visited the home in August 2014. Staff told us that the manager had supported them to ensure they had the training and development they needed to fully understand and meet people’s needs. Comments from staff included: "It's all improved now; we have a stable manager who knows what is happening. We have more staff and a calmer environment and are given clearer direction than before, for example within the role of a keyworker. We now know what we are doing in terms of delegated tasks and feel listened to by the manager”.

The manager told us that a new audit programme introduced by the provider was being used and included specific audits around care planning, care practices, core values, medicine management and administration. Staff told us that a medicines competency assessment had been reviewed. They told us they were asked questions and were required to have a 90% pass rate to continue supporting people with their medicine. Staff said they felt this was a much better way to monitor that people were being giving their medicine safely.

There were processes used by the provider to gather feedback from people on the quality of service they received at Bayford House Nursing Centre. These included the providers complaint procedure, reviews of the service carried out by a provider representative and annual customer satisfaction surveys. However the outcome of the last survey in the Autumn of 2013, was published in January 2014. The manager told us that they had not received the outcome of the Autumn 2014 survey to share there findings with people who use the service or to take action as may be required and would follow this up with the provider to obtain the information . Internal processes to monitor the quality of the services included the ‘manager walk the floor’ and unannounced spot checks at night by the manager and or head of care.

Local authority quality monitoring reviews had taken place by commissioners who reported positive outcomes for the people who use the service. Medication audits were completed by an external pharmacist and actions taken by the service to promote the safety of administering people's medicine. Health and safety audits were completed by the service that included infection control and also by external professionals such as the Fire Authority and Environmental Health to ensure the safety of the premises for people who use the service.