

# Barchester Healthcare Homes Limited

## Emily Jackson House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 April 2016. After that inspection we received concerns in relation to staffing levels and related provision of care. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Emily Jackson House on our website at [www.cqc.org.uk/location/1-125855902](http://www.cqc.org.uk/location/1-125855902).

The focused inspection was unannounced and was carried out on 23 June 2017 by an inspector. We looked to see how the service ensured staffing levels were sufficient to appropriately meet people's care needs.

Emily Jackson House is located in Sevenoaks, Kent and is registered to provide nursing care and support for up to 60 older people and those who may have dementia. Accommodation is provided on the ground floor for older people and on the first floor 'memory lane' for people living with dementia. At the time of our inspection, 43 people lived in the home, 19 of whom lived in memory lane.

There was not 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.

A registered manager had left and had de-registered with the CQC in March 2017. A divisional operations support manager was managing the home, supported by a regional clinical development nurse, until a home manager who had been newly appointed could start work in August 2017 and apply for their registration. A new deputy manager was due to start work on 27 June 2017. The provider had kept us updated of the interim arrangements to ensure continuity of management in the home. The interim management team was supported by a senior general manager who was also managing another home under the same provider, and a senior regional director.

People's care needs were met by a sufficient number of staff. There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to residency levels and assessments of people's individual needs and risks. People told us there were enough staff to meet their needs and make them feel safe in the home.

## 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 remains safe.

There were sufficient care staff on duty to meet people's needs and ensure they were safe. People were appropriately helped by staff when needed and there were enough staff to ensure that risks were effectively minimised for people.

# Emily Jackson House

## **Detailed findings**

### Background to this inspection

The focused inspection was carried out on 23 June 2017 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we looked at the concerns that were shared with us, and records that were sent to us by the last registered manager, the current acting manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection reports.

We spoke with nine people who lived in the home, five of their relatives and one volunteer. We looked at staff rotas and interviewed nine members of nursing and care staff. We spoke with an activity coordinator and a chef. As the acting manager was on leave, we spoke with the regional clinical development nurse, a senior general manager, a senior regional director and the administrator.

We looked at twelve care records across the ground floor and Memory Lane that included risk assessments, logs of visual checks and of repositioning people in bed. We looked at accidents and incidents records and audits. We looked at recent inspections that were carried out by the provider, staff meetings minutes and staff supervision records. Although most people were able to converse with us, others were unable to, or did not wish to communicate. Therefore we also 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.

# Is the service safe?

## Our findings

People told us that they felt safe and supported by an appropriate number of staff. All their feedback was positive. People told us, "They are busy at times but they do come when I press the bell, they've never failed me, they come usually within a few minutes, and if they say they are coming back in a short while they always do", "There is enough of them, there is always a carer if I need one", "Lovely staff, they're very attentive, I feel well cared for, they always check on me and get me what I need, I don't have to ask", "If I want a shower I ask first thing and they do it as soon as they can" and, "There is enough staff, of course I would like to have my own personal assistant but on the whole they have time to take me out to the garden or walk with me in the corridor and make sure I am comfortable at the other end with a drink and a blanket or whatever, so I am happy with the set up." Relatives told us, "We never had a problem finding a manager or a carer if we need one", "Staff are very attentive, they offer [X] a drink and go and get one in between the trolleys visits", "Our mum seems very content here, she has hourly checks which is reassuring and I can see they do it when I visit her", "There were a few days at the beginning of the month where they were short of staff, our mum did not suffer, it just meant the staff were rushing when usually they are quite calm, but it's all better now." A volunteer told us, "There is enough staff around whenever I come, and I come five days a week."

There were sufficient care staff on duty to meet people's needs. There were a registered nurse and four care workers on each floor, one hostess (to assist people whenever they wish to eat or drink throughout the day), and two activities coordinators who worked five days a week. The provider used a new dependency tool across its locations to determine how many hours of care people needed and how many staff needed to be deployed as a result. The divisional operations support manager had explained to staff how the dependency tool functioned and staff had signed to confirm they understood the process. The dependency tool took account of assessments of each person's needs that included communication, hygiene, continence, mobility, skin, nutrition, breathing, pain and medicines, behaviour, cognition and special requirements. When people needed one to one support, this was provided. Two people had been allocated one to one support 12 hours a day and 24 hours a day. This additional staff focused entirely on the persons' needs.

The senior general manager and administrator showed us staff rotas and described how staff sickness or absence was covered. They told us, "Staff have to give us notice of any requests for leave so we can plan ahead, and if the existing staff are unable to cover, we ask our bank staff or our preferred care agency who send us the same care workers as they know the home." Rotas indicated that there had been consistent deployment of eight care workers and two nurses across the home during the day, and four care workers and two nurses during the night. One week in June 2017 saw a reduction of staff in accordance to residency levels. However, the number of staff had been increased when staff told the divisional operations support manager who was managing the home that they experienced difficulties in completing their tasks. One member of staff told us, "We told her, and she listened." During an internal inspection visit in May 2017, the senior regional director had identified that people had been waiting for their meal to be served. As a result, a new system had been implemented to improve the timing of meals provision and to ensure waiting times will be minimised. Agency staff had been called in when staff had become absent at short notice. Calls for help were responded to by staff within four minutes on the day of our visit.

We looked at people's care needs and checked these were met with an appropriate number of staff. When people needed hourly visual checks and when they needed to be helped with repositioning, this was carried out and appropriately documented. Two people in the home had developed wounds that had been scored at a grade 2, and had appropriate wound care management plan in place, implemented and monitored in practice, to ensure prompt healing. People received their medicines at appropriate times. When people had been identified to be at risk of falls, we observed that staff ensured they had their walking aids within easy reach, alert mats in their room, or accompanied them while they moved around. When people had been identified at risk of choking, staff sat with them while they ate and drank, ensuring that guidelines provided by speech and language therapists were followed. A group of people had been accompanied by staff when they had chosen to participate in activities in the garden.

For people who were unable to move around independently, there was enough equipment that enabled staff to help them. Five hoists were provided in the home that included a standing hoist, two standard hoists and two weighing hoist, one of which could also be used as a third standard hoist. Staff confirmed that they worked in pair and followed correct manual handling procedures to keep people safe. We observed this was implemented in practice. Staff were unhurried, providing explanations to the person about what to expect next while they operated the equipment. Staff escorted people to any areas in the home they wished to go to, when this was necessary. A care worker took time outside of their task to adjust a person's television and chat with them about their favourite series. Staff seemed unhurried and putting people's needs first at all times during our inspection.

Eight members of nursing and care staff told us there were enough staff deployed to meet people's needs. They told us, "We are enough [staff], busier at times but we make sure everything is done", "We manage to get all our breaks, it is hard work sometimes but we are quite passionate about what we do; no one is suffering due to staffing levels here", "Our numbers are fine; we manage to wash, dress, change pads by the end of the morning, you can see everyone is dressed, comfortable, they have had their breakfast when they wanted to have it, we are well organised." One member of staff described how most people liked to have breakfast in their room. They told us, "We have a hostess and that really helps, but two would be better." The senior regional director told us that recruitment was in process for a second hostess. They told us that when occupancy will increase, the number of nursing and care staff deployed will be adjusted accordingly to the newcomers' needs. We will check this at our next inspection.