

# Simply CareHome Limited

# Becket House Nursing Home

## Inspection report

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Date of inspection visit: 15 January 2015  
Date of publication: 24/03/2015

### 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	

### Overall summary

Becket House Nursing Home is registered to provide accommodation and support for up to 23 people who require nursing and personal care and may have a range of social, physical and dementia care needs. On the day of our visit, there were 20 people using the service.

The inspection was unannounced and took place on 15 January 2015.

The service had a registered manager. 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.

During our inspection in May 2014, we found minimal evidence that people were involved in decisions about their care and treatment. There was a lack of choice in meals for people and fresh fruit and vegetables were not used to ensure that meals were nutritionally balanced. One safeguarding incident had not been reported to the Care Quality Commission (CQC) in respect of an incident

# Summary of findings

of alleged abuse which had taken place. Following the inspection the provider sent us an action plan detailing the improvements they were going to make and stating that improvements would be achieved by November 2014.

During this inspection, staff were aware of their responsibilities to keep people safe and report any allegations of abuse.

Action was taken to keep people safe, minimising any risks to health and safety. Staff knew how to manage risks to promote people's safety.

There was sufficient staff on duty to meet people's needs and keep them safe. Staff numbers were based upon people's dependency levels and were flexible if people's needs changed.

Staff had been recruited using a robust process, with effective recruitment checks completed.

Systems were in place to ensure that medicines were stored, administered and handled safely.

Staff were knowledgeable about the specific needs of the people in their care because they had received appropriate training and support.

There were policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) to ensure that people who could make decisions for themselves were protected.

People were given the opportunity to make choices about their food and drink and were provided with support to eat and drink, where this was needed.

People had access to health and social care professionals when they needed, and prompt action had been taken in response to illness or changes in people's physical and mental health.

People and their relatives were happy with the care they received from staff, and were involved in decisions about their care and day to day choices.

People's personal views and preferences were responded to and staff supported people to do the things they wanted to do.

The home had an effective complaints procedure in place. Staff were responsive to concerns and when issues were raised these were acted upon promptly.

The service was well-led and staff were well supported and motivated to do a good job. The registered manager and senior staff consistently monitored and reviewed the quality of care people received and encouraged feedback from people and their representatives, to identify, plan and make improvements to the service.

# 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?

This service was safe.

Staff had a good knowledge of safeguarding and knew how to identify and raise safeguarding concerns.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Risks had been assessed so that people received care safely.

Safe systems were in place for the management and storage of medicines.

Good



### Is the service effective?

This service was effective.

Staff were knowledgeable about the specific needs of the people in their care.

People could make choices about their food and drink and were provided with a choice of food and refreshments.

Arrangements were in place for people to have access to external health, social and medical support to help keep people well.

Good



### Is the service caring?

This service was caring.

Staff were kind in the way they spoke to people and supported them with genuine care.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs in their preferred manner.

Staff maintained people's privacy and dignity.

Good



### Is the service responsive?

This service was responsive.

People and their relatives were involved in decisions about their care.

People were supported to do the things they wanted to do and a range of activities in the home were organised in line with people's preferences.

Family members and friends were supported to hold an important role in people's lives and to spend quality time with them.

Good



### Is the service well-led?

This service was well led.

There was a registered manager, who was supported by a deputy manager.

Good



# Summary of findings

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

People were encouraged to comment on the service provided to enable the service to continually develop and improve.

The provider had internal systems in place that monitored the quality and safety of the service.

# Becket House Nursing 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 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 15 January 2015 and was unannounced. The inspection was undertaken by one inspector and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service and they supported us during this inspection by speaking with people and relatives.

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 received the completed document just prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We reviewed the information we held about the service and the provider and saw that no recent concerns had been raised. We found that we had received information about events that the provider was required to inform us about by law.

During our inspection, we observed how the staff interacted with the people who used the service, how people were supported during meal times and during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI this is a specific way of observing care to help us understand the experience of people who could not communicate with us verbally, due to their complex health needs.

We spoke with eight people who used the service and three relatives. We also spoke with the registered manager, a registered nurse, three care staff, two activity coordinators, a member of kitchen staff and the providers.

We looked at six people's care records to see if their records were accurate and up to date. We looked at further records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

At our last inspection in May 2014, we found that an allegation of abuse had not been responded to appropriately by the management of the service. This incident had been recorded; however, it had not been referred to the local authority in accordance with appropriate procedures. During this inspection we found that improvements had been made to the safeguarding systems in place.

The registered manager had worked with staff to ensure that there were effective systems in place to keep people safe. Staff told us that they had received safeguarding training and records confirmed this. They were able to explain to us what they considered to be abuse and explained what action they would take if they suspected abuse. They were confident that any allegations would be fully investigated by the registered manager and the provider. People's care records showed that safeguarding concerns had been recorded within care plans and referred to the local authority for investigation when required. The service had effective systems for ensuring concerns about people's safety were managed appropriately.

People felt safe. One person told us, "Yes, I feel very safe, the staff are so kind and I have everything I need. I think that is what helps to make me feel secure. I know that they would let nothing happen to me." Another person confirmed, "I am safe and very well looked after."

This view was expressed by relatives who told us they felt that staff worked hard to ensure their people were kept safe.

Staff told us that possible risks to people's health and safety had been identified within their care plans. One member of staff said, "I always check people's records so we are giving the right care, communication is good here about everything but where the risks to people increase, then we have a duty to ensure we keep on top of them." Risk assessments considered the most effective ways to minimize risks and were up to date and reflective of people's needs. They helped staff to determine the support people needed if they had a sudden change of condition or an increased risk, for example of falls.

The registered manager understood the importance of the monitoring of accidents and incidents within the home. Staff knew they should always report an accident, no

matter how small, so that correct action could be taken and discussed the reporting process for any accidents or incidents that occurred within the service. We found that the correct action had been taken by staff and appropriate documentation completed where accidents and incidents had occurred.

There was sufficient staff available to keep people safe. One member of staff told us, "Yes we do have enough staff, it is much better now since the last inspection. We feel able to do what we need to and have the time to spend talking to people." Staffing levels were reviewed regularly and adjusted when people's needs changed. Staff numbers were based upon people's dependency levels and were reviewed on a monthly basis. Records confirmed that a regular analysis of people's dependency levels took place to ensure that the numbers of staff was sufficient to meet people's needs.

Staff underwent a robust recruitment process before they started to work at the home. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

Staff took time to explain to people what each medicine was for when they administered it and gave reassurance when people were uncertain if they should take their medicine. Medication Administration Records (MAR) were completed correctly and we found no gaps or omissions in the records we saw. Staff were responsible for the ordering and disposal of medicines. Records confirmed that medicines were checked on a weekly basis. People were kept safe and protected by the safe medication systems in use within the service.

People had personal evacuation plans in place, to be used in the event of an emergency. The service had arrangements in place to deal with any emergencies relating to the safety of people or the premises. There was a contingency plan, which provided guidance on how staff should respond to an emergency and scheduled

## Is the service safe?

maintenance contracts were in place for the testing of equipment and utilities. People were kept safe as there were emergency arrangements in place to support their safety.

# Is the service effective?

## Our findings

During our last inspection in May 2014, we looked at the choice of food and drink available to people and how the service was informing people of these choices. There was a lack of fresh fruit and vegetables on offer at the home and little choice for people in respect of the food they could have.

During this inspection people told us how good the food was. One person said, "I really love my food and they are so good here. I always get enough and it really is lovely. I don't want to put weight on but it is so tasty and there is always plenty." Another person said, "Oh yes, I have no complaints about the food. We always get a choice and staff always ask us what we want. I know that if I did not want what was on offer I could get something else." Food was freshly cooked and contained fresh vegetables and meat and people told us the portion sizes were appropriate to their appetites. Meal times were relaxed and people were supported to move to the dining areas or eat in their bedroom at a time of their choice. Changes had been made since the last inspection and the service had worked hard to make improvements to the nutritional systems in place.

Catering staff had a good awareness of people's dietary needs and ensured an appropriate; nutritionally balanced diet was provided to people. People with individual requirements received a suitable diet. Staff told us that they closely monitored the food and fluid intake for people assessed at risk of poor nutritional intake. Nutritional guidance was sought, when required, from relevant healthcare professionals in response to significant changes in people's needs. For example, advice including fortified diets or pureed food was provided for people and food supplements were given to people as prescribed.

People thought that the staff knew their needs well and had the training in order to provide appropriate care. One person told us, "They know just how I like things and always do it like that." Another person said, "They just look after me properly, I never have to remind them, they understand me and what I want, how I like things. They tell me about the training they have so I know they know what to do."

Staff told us they had completed the provider's induction training programme which assessed their competency along the way. They worked alongside, and shadowed

more experienced members of staff which allowed them to get to know people before working independently. They undertook core training courses including manual handling, food hygiene and safeguarding which helped them to understand the basic skills they were required to use. The induction programme supported staff to understand people's needs and gain experience in a safe environment.

Staff told us they had enjoyed undertaking training as it helped them to provide good quality care that was relevant to the needs of the people. They received a variety of refresher training designed to support them, including safeguarding, moving and handling and infection control. The registered manager encouraged them to complete additional training on how to support people living with dementia. Nursing staff were supported to undertake venepuncture and male catheterisation training, courses which enabled them to maintain clinical skills. Staff told us that they really enjoyed having training that they could use practically and which helped to improve the lives of the people they cared for. Staff were appropriately trained and supported to meet people's individual needs.

Staff received regular supervision and an annual review of their performance. They found these sessions constructive. One member of staff said, "I find the supervision sessions really helpful, especially with the changes and improvements that had been made since the last inspection. The manager is really kind and caring and so helpful." If staff had any problems or questions between supervisions they could go to the registered manager, who everyone said was really approachable and would never turn anyone away. The registered manager told us how staff received supervision on a regular basis and the records we saw confirmed this.

Staff made sure that people consented to care and support before assisting them with personal care. One member of staff told us, "We all know that people have the right to give consent or refuse and we have to respect their decisions." We saw that staff asked people if they were happy to move from the lounge to the dining room. In the care plans we examined we found that people or their relatives had signed an agreement for staff to support them with their personal care and to give consent for photographs to be taken as part of on-going record keeping. Staff were aware of the importance of ensuring that people had consented to care and support.



## Is the service effective?

The service was meeting the requirements of the Deprivation of Liberty Safeguard (DoLS.) and used the Mental Capacity Act 2005 (MCA.) appropriately. We were told about DoLS that had been put in place by the statutory body for people that lived at the service. The registered manager explained that they had taken action because these people did not wish to live at the service but were at risk of living on their own. We found copies of the relevant paperwork and information on when the restrictions were due to expire and supporting best interest decisions in line

with the MCA. The registered manager understood the importance of ensuring that any restrictions placed on people's liberty was carried out appropriately and in the least restrictive manner.

People and their relatives, told us that staff made sure they saw an appropriate healthcare professional whenever they needed to. GPs attended the home when required to offer advice and support. Records showed that people had access to appropriate healthcare services such as GP's, opticians, dentists and chiropodists to ensure that any additional health care requirements were monitored and associated needs were maintained.

# Is the service caring?

## Our findings

People said that all the staff were friendly, kind, caring and compassionate. We observed the relationships between people who lived there and saw that staff were positive and caring and understood how to get the best from people. One person kissed every member of staff that they passed in the corridor and greeted other people with a huge smile. They told us they really enjoyed living at the home and that they considered everyone as being, "One big family." One person told us that staff went out of their way to do things for them and make them feel cared for. People were thankful for the care they received.

Staff supported people in a patient and encouraging manner when they were moving around the home, allowing them to access all areas of the home that were appropriate. Before staff provided assistance to people, they explained how they would assist them in a caring manner. They used appropriate methods of communication and maintained eye contact, speaking in quiet tones. Staff described to us how they adapted their communication for different people to help them understand what was being said; for example, using simple words when people were confused and language that people could understand.

People and their relatives told us that they felt involved and supported in planning and making decisions about their care and treatment. One person said, "I am always given a reason why staff need to do things." Relatives said that they were always given explanations when they needed them and that these were expressed in a way that they could understand. We saw that information was obtained about people's health conditions and that their level of independence was assessed so that suitable care could be delivered.

Staff respected people's privacy and dignity and worked hard to maintain this. We observed that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. They promoted people's choices and offered assistance if the person needed it, to help promote their independence. Staff described the importance of confidentiality and not discussing people's needs unless it was absolutely necessary. Where staff needed to update each other, this was done quietly and not where people's needs could be overheard by others.

The registered manager told us that the service had previously used the services of an advocate. Records confirmed that an Independent Mental Health Advocate had been used for one person to ensure that their views within making a certain decision were listened to. There was available information on how to access the services of an advocate should this be required.

People told us that there were several communal areas within the home, where people could go if they wished to have some quiet time or spend time with family members. They had their own bedrooms. Some people were keen to show us their bedrooms and we saw that they were spacious; people had been encouraged to bring in their own items to personalise them. There was a well maintained garden and patio area which was accessible for people to use. People told us that their relatives and friends were able to visit them without any restrictions and our observations confirmed this. Relatives said that they were able to visit their family member at any time and staff always made them feel very welcome.

# Is the service responsive?

## Our findings

During our last inspection in May 2014, we found minimal evidence of how people were consulted or encouraged to express their views about how their care and treatment was delivered. The registered manager talked to us during this inspection, about the work they had undertaken to ensure that people were more involved in the planning of their care. They described the changes they had made to the systems in place to capture people's preferences, likes and dislikes and to ensure that people were supported to have their say about the care they received from staff.

People and their relatives had been given the appropriate information and opportunity to see if the home was right for them before they were admitted. The registered manager told us that they provided people and their families with information about the service as part of the pre admission assessment. This was in a format that met their communication needs and included a welcome pack with information about the home, the facilities and the support offered.

People received the care they wanted and needed to ensure their needs were met. They confirmed that they were regularly asked their views about how they wanted their support to be provided. Staff told us that it was detailed in people's care plans how they wanted their care and treatment to be provided. Care records confirmed that pre admission assessments of people's needs had been carried prior to people being admitted to the service. Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. We saw that the care plans were reviewed on a regular basis and updated as and when people's needs changed so that they remained reflective of their needs.

Staff were knowledgeable about the people they supported and were very aware of their preferences and interests, as well as their health and support needs. Staff told us that any changes in people's needs were passed on to care staff through communication books, daily handovers and supervisions. This enabled them to provide an individual service. Relatives and health care professionals told us that staff and the registered manager

had kept them informed of any changes in people's wellbeing and we observed this on the day of our inspection, with visiting professionals being updated about one individual's condition.

The registered manager told us that they had tried to have formal resident and relative meetings but that these were not appropriate for the people who lived at the service. People felt more able to express themselves in a less formal setting, so they were encouraged to speak with the registered manager as their concerns or worries arose. We found that the registered manager also held regular reviews of care to which people and their family members were invited. This allowed them to discuss individual concerns along with those which affected others in the home, including

ideas for activities and menu options or ways in which the service could be improved. They felt listened to by the registered manager and valued by staff and believed their feedback would be taken on board to make improvements when required.

The registered manager told us there were two dedicated activities staff employed in the home who were responsible for planning activities. On the day of our visit and before the activity coordinator arrived, we found that staff sat with people and sang hymns. This was well received by people who joined in with great positivity, singing along and smiling to show their enjoyment. We found that staff engaged with the group of people as a whole but made each person feel valued, with their contribution to the group being noted and respected. When people chose not to engage in group activities of their choice, the activity coordinator told us that they would undertake one to one sessions with people in their rooms. This time was spent talking about subjects of choice or reading the newspaper; anything that people wanted to engage in. Since our last inspection, the service had taken people out into the local community, to garden centres and coffee shops. They were also planning to undertake a boat trip when the weather improved and seeking the input of people and their family members as to where they might like to go.

People were aware of the formal complaints procedure, which was displayed within the home, and told us they would tell a member of staff if they had anything to complain about. One person told us, "I know exactly how to complain but I also know that I would not need to do so." People told us the registered manager always listened to

## Is the service responsive?

their views and addressed any concerns immediately. There was an effective complaints system in place that

enabled improvements to be made and the registered manager responded appropriately to complaints. Records confirmed that there had been no formal complaints since our last inspection.

# Is the service well-led?

## Our findings

Staff told us that there was positive leadership in place, both from the registered manager and provider, which encouraged an open and transparent culture for staff to work in. None of the staff had any issues or concerns about how the service was being run and were very positive, describing ways in which they hoped to improve the delivery of care. As a consequence of the issues identified at the last inspection, we found that staff were motivated, and keen to meet the needs of people using the service in the right way and to make the home the best that it could be.

The registered manager was flexible in their approach and willing to work on the floor when required. This ensured they had a good awareness of people's needs and staff abilities and understood what staff were experiencing. If they encountered any issues they could deal with them directly, reviewing the atmosphere between staff and people and the attitude of the staff team in working together. Where staff values and behaviours were in question, this enabled the registered manager to formulate an action plan of how to deal with this, so that appropriate action, including disciplinary action, could be taken if required.

The service had links with the local community. We heard from people how a group of local school children had come into the home at Christmas to sing carols with them and it was evident from our discussions that people had really enjoyed this. The registered manager told us how they intended to ensure that events such as this continued. People were enabled to maintain links with other people living within the local community who shared the same interests as them.

The service had a registered manager in post in accordance with their legal requirements, who offered advice and support. People knew who the registered manager was and told us that they always saw them on a daily basis. We observed this during our inspection where the registered manager spent time at lunch time supporting people and talking to them about different subjects. People told us that this happened on most days.

The registered manager was well supported by a team of care staff, domestic and catering staff, maintenance and administration staff. Staff said that the management

structure within the home and the wider service promoted a positive feeling as they ensured that staff knew what was expected of them. Our discussions with the registered manager confirmed that they understood their responsibilities to people, the staff and CQC. They were well supported by the provider and that where action had to be taken, they were enabled to do this, for example to purchase new equipment or make adjustments to the premises.

Information was available for staff about whistle-blowing if they had concerns about the care that people received and that they considered this was part of the safeguarding process. One member of staff told us that if they had a concern they would, always report it as their main concern was the people they cared for. Staff we spoke with were able to tell us who they would escalate their concerns to and said that they would not hesitate to use this process if they felt it appropriate. Staff had been made aware of the systems in place to assist them in keeping people safe.

The registered manager told us that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. Information CQC held also showed that we had received all required notifications and that these had been submitted in a timely manner by the registered manager.

The people we spoke with were very positive about the service they received. People who used the service and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews and relative meetings. We found that the provider analysed the results to identify any possible improvements that could be made to the service.

We asked the registered manager how they assessed and monitored the quality of the service provided within the home. We saw records of annual satisfaction surveys for people who used the service and their relatives. These records showed very positive responses and meant that the service worked well, whilst listening to people's feedback.

The registered manager carried out regular audits, including environmental, health and safety, medication,

## Is the service well-led?

care plans and infection control. Staff told us that the audit checks were up to date and the records we reviewed confirmed this and that no current concerns had been identified. When areas for improvement were identified, the registered manager told us that action plans would be implemented. The registered manager confirmed that visits to monitor quality assurance were conducted by a

representative of the provider on a regular basis. We saw that the findings from the visits were written up in a report and areas identified for improvement during the visits were recorded, action plans were put in place with realistic timescales for completion. The service had learnt lessons from the last inspection and had taken steps to make improvements to the service delivery.