Care Quality Commission

Bath Centre for Voluntary Service Homes

Bathampton Manor

Inspection report

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Ratings

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

Overall summary

This inspection was carried out on 12 November 2015 and was unannounced. When the service was last inspected on 18 September 2013 there were no breaches of the legal requirements identified.

Bathampton Manor provides accommodation for up to 21 people who need support with their personal care. There were 18 people living at the home at the time of our inspection.

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.

Risks to people were assessed but there was a lack of monitoring which meant that people's safety was compromised.

Summary of findings

Systems were not always being operated effectively to assess and monitor the quality and safety of the service provided. For example, we found unsecured windows on the first floor which meant people were at risk of falling from height.

People were at risk of being cared for by staff who were not fit to work with vulnerable adults. Staff recruitment procedures were not always robust because some checks had not been completed.

Medicines were not always managed or administered safely. Medicines were left for people to take at a later time. There was no consideration given to the potential risk of other people taking the medicine.

People's rights were not always being well protected when they lacked the capacity to make some decisions.

Staffing levels were sufficient to ensure that people's care needs were met.

We have made a recommendation about the home's system for recording people's care.

The lunchtime meal service was a relaxed and enjoyable experience for people.

People were being treated with kindness, consideration and respect. People spoke positively about the care and support they received.

People were given the opportunity to provide feedback about the service. They completed questionnaires on an annual basis. Resident and relative meetings also took place and we found suggestions for improvements were acted upon.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

The service was not always safe.

People were not always protected by safe recruitment practices.

People were not always supported to take their medicines safely.

The risks to people's safety and welfare were not always managed effectively.

People were protected from the risk of harm or abuse.

People were supported by sufficient numbers of staff.

Is the service effective?

Requires improvement 

The service was not always effective.

The provider did not follow the requirements of the Mental Capacity Act (2005) which meant people were not protected when they lacked the capacity to make decisions.

People enjoyed the meals and were provided with enough to eat and drink.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect and their privacy was upheld.

Staff had developed positive and caring relationships with people.

Is the service responsive?

Requires improvement 

The service was not always responsive.

People's care was not always planned and reviewed in response to their individual needs.

A complaints procedure was in place and people told us they could complain to the registered manager.

Is the service well-led?

Requires improvement 

The service was not always well-led.

Systems were not being operated effectively to assess and monitor the quality and safety of the service provided.

People were enabled to provide feedback on their experience of the service.

Bathampton Manor

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.

The inspection took place on 12 November 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was undertaken by two inspectors.

We gathered and reviewed information about the service before the inspection. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

During our inspection we spoke with six people who used the service and six staff. We spoke with a visiting health professional. We spoke with the registered manager and a representative of the provider.

We observed the care and support people received. We looked around the premises. We looked at four care records, associated risk assessments, three staff recruitment records and survey reports from people and their families. We looked at various other records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

People were at risk of being cared for by staff who were not fit to work with vulnerable adults. We checked staff recruitment records. These did not show a consistent and thorough procedure for checking staff before they started in post. We saw interview notes were not completed. The records did not provide evidence that checks were completed for gaps in employment history. Terms and conditions of employment were not signed. Two files provided confirmation that two written references were obtained prior to the member of staff commencing in post. One file provided confirmation that one reference had been obtained prior to the member of staff commencing in post. The provider's recruitment and selection policy stated, "All offers of employment are subject to receipt of two written references".

A DBS check was provided that had been completed for another employer, seven months prior to a member of staff starting in post at Bathampton Manor. The provider's recruitment and selection policy stated, "Due to the nature of the business all criminal convictions must be declared on the Employment Application form, even if the conviction is 'spent'". The policy did not provide up to date guidance about the requirements of the Disclosure and Barring Service, (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults.

The shortcomings in the recruitment procedure was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not consistently protected by safe systems for managing their medicines. We observed a senior staff member administering medicines at lunch time. We saw that safe procedures were not always followed. The medicines for four people, in the dining room, were placed on their dessert spoons. We were told by the senior staff that these people would take their medicines later, after lunch. The medication administration record sheets (MARs) were signed by the senior staff, although they had not seen the people take their medicines. This practice put people at risk as people may decide not take their medicines, the recording may therefore not be accurate, and other people had access to medicines not prescribed for them.

Medicines were not always securely stored. We saw new supplies of medicines received into the home were not promptly placed into lockable rooms or cupboards.

The amounts of medicines received were checked and recorded on the MARs which also provided photographs of people and details of any allergies.

The medicines in current use were stored in medicines cabinets. Additional storage was provided for controlled medicines. These are medicines that require additional controls because of their potential for abuse. No medicines required cool storage at the time of inspection.

No one currently self administered their own medicines, but there was provision in the home if people wished to do so.

Some people were prescribed medicines, 'when required'. There were not always individual protocols in place to confirm the circumstances in which these medicines may be required, and the effects of the medicine were not always recorded.

We saw two MARs had hand written, unsigned and undated entries. For example, one person was prescribed eye drops for administration four times per day. A hand written unsigned and undated entry changed the frequency to twice per day. This meant the person may not have received the medicine as prescribed by the doctor.

We checked the stock amounts for medicines and found some were not correct. This was because carried forward amounts from previous months were not confirmed. We also found there was one out of stock medicine in the cabinet. The expiry date for this medicine was December 2014. This meant people were at risk of receiving medicine that may not be effective.

Additional MARs, known as topical MARs, were completed and kept in people's bedrooms for people who were prescribed creams and ointments. We saw the cream for one person was handwritten onto the topical MARs and signed for to confirm it had been applied. The cream was labelled for another person. We checked and found the cream had not been prescribed for the person.

Arrangements were in place for the disposal of medicines no longer required. Medicines were recorded in a returns book and collected by the pharmacy.

Requires improvement

Is the service safe?

The shortcomings in the safety of medicine management was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw risk management plans had been completed. These stated that window restrictors were in place to restrict windows openings above ground floor level. This measure is required to reduce the risk of a person falling from height. We checked and found three windows on the first floor did not have restrictors in place. We were told by a senior member of staff that the restrictor for one window had probably been removed during recent refurbishment works. The registered manager contacted us the day following the inspection, to tell us that actions had been taken and all windows were now restricted in accordance with the requirements of health and safety legislation.

People told us they felt safe in the service. We found that staffing levels were sufficient to support people safely. We saw staff responding to people's requests for help in a timely manner. We spoke with one person who told us, “I think there are enough staff, they’re always around to help me if I need it”. A designated member of the management team was on duty and available at all times to provide additional support when needed.

Staff had received training in safeguarding people from abuse. They knew how to recognise the signs of abuse and understood the procedure for reporting concerns. Safeguarding information was available for staff to follow. We spoke with staff who told us they would report any concerns to the duty manager on shift. Alternatively, staff were aware they could contact the local authority safeguarding team directly.

Risk assessments were in place. These included risks associated with falls, fire, mobility and nutrition. These were reviewed and updated on a monthly basis. We also saw risk assessments completed for the environment. These were reviewed and updated annually. The last reviews were completed in July 2015.

People had access to call bells in their bedrooms and in communal areas. We saw there were at least two call points available in bedrooms, so call bells were accessible for people whether they were in bed or in their chairs. We heard one person calling for assistance during the morning. They told us they were ringing the bell, but it didn’t seem to be working. We reported the fault to the senior staff on duty. A service engineer was called and visited the care home later on the day of our inspection.

Requires improvement

Is the service effective?

Our findings

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. There was a lack of clear assessments and judgements about people's capacity in the care records. We found inconsistent and conflicting information. For example, one person had a 'Do not attempt cardiopulmonary resuscitation' order in place. The person had not been involved or consulted. A 'No' response had been entered for the question "Does the person have the capacity to make and communicate decisions about cardiopulmonary resuscitation". In another part of the care records it was stated the person did have capacity to understand, retain, weigh up and communicate decisions. A further entry stated, "(name of person) able to consent and be involved in decision making". Some people had provided written or verbal consent for their care records. The consent for this person had been obtained from a family member.

For another person, a mental capacity assessment recorded they were, "Unable to make choices and be involved in decision making". The care records had not been signed by the person or a person acting on their behalf. There was no further detail about the specific decisions being referred to. This placed people at risk of unlawful restrictions on their liberty. The registered manager told us they had not made any Deprivation of Liberty Safeguard (DoLS) applications. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the supervisory body as being required to protect people in the least restrictive way.

One member of staff told us, "There are probably people who should be on DoLS". Staff had received some MCA training. Their understanding was limited, although they told us how people were supported to make some day to day decisions such a choosing the time they got up, their clothing, jewellery and make up and where to spend the day. This detail was not always documented.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff knew their needs and supported them appropriately. Comments included, "They know I like to get washed and dressed and stay in my room for a while. I can decide when I need help to go downstairs to the lounge", and "It's very good to live here, the staff know what I need".

There were some shortcomings in the provision of training. Some staff had not attended mandatory refresher training, for example, infection control and first aid. The registered manager was aware and training plan was in place.

We spoke with staff who told us they received an induction when they started in post. They told us they completed training such as fire safety, infection control, first aid and food safety. They told us they received supervisions. We received the following comments from staff about the training they received. "We have so much training, for example, health and safety, less so around training regarding health needs," "I've not had training in diabetes" and "We have supervisions every two or three months I think".

Training updates were available to staff and details of courses were communicated on the staff notice board. For example, a dementia awareness course was planned for December 2015. We spoke with a representative for the provider. They told us they were introducing training in accordance with the care certificate, a new qualification for care staff.

People were supported to maintain good health. We saw there were regular visits from the district nurses, opticians, chiropodists and GPs. We spoke with a visiting health professional who spoke positively about the care provided. They told us, "They act on our recommendations, we can trust them (the staff) to follow our guidance". The registered manager told us they received excellent support from the local GPs, and received timely responses to requests made.

People had sufficient to eat and drink. On the day of inspection, we observed the lunch time meal and saw it was a relaxed and enjoyable experience. Most people had chosen to eat in the dining room. We were told by senior staff they encouraged people to have their main, lunch time meal in the dining room. They told us it provided an opportunity for people to socialise. Everyone was able to eat and drink independently.

Requires improvement

Is the service effective?

Weekly menus were in place, and people chose their meals the day before service. The chef spoke with people during the day and was knowledgeable about people's likes and dislikes. We received mostly positive comments about the food provided. One person told us, "It's not a la carte, but good home cooking". Another person told us, "The food is good, nicely cooked, but a little boring sometimes because we know on each day of the week, what the menu will be".

Good

Is the service caring?

Our findings

People told us they liked the staff that worked in the service, and they were treated with respect. One person told us, “The staff are really kind”. Another person told us, “Everything about living here is good”.

We saw and heard warm, kind and friendly interactions between staff and people living in the care home. The hairdresser visited on the day of inspection.
Staff acknowledged people's visits to the hairdresser. We heard the comments such as, “You’re hair looks really nice today, and, “You look stunning, don’t you look lovely”.

People were supported discreetly and sensitively by staff when they required support with personal care. For example, one person was sitting in a communal area. A member of staff quietly reminded the person they may need to visit the bathroom. The person was able to rise independently from the chair, and they were able to use the zimmer frame. We saw the member of staff provided a reassuring hand once the person was mobile and the person was assisted to the bathroom at their own pace.

Staff were knowledgeable about the care people needed, and the things that were important to them. People were supported to be well dressed and attention to detail was evident. For example, we saw people wearing their chosen accessories such as scarves and jewellery.

People’s privacy and dignity was respected. We saw staff call out to people before they entered a bedroom if the bedroom door was open. or knock on people’s bedroom doors if they were closed.

Requires improvement

Is the service responsive?

Our findings

The service was not always responsive to a person's individual needs. Assessments were not always reviewed on a regular basis, and not always when a person's condition changed. For example, we reviewed the pain assessments and care plan for one person who required and received pain relieving medicine on a regular basis. There was no care plan in place to describe the types of pain experienced, or the desired or actual effects of the pain relieving treatment. This meant the person was at risk of not always receiving care and treatment when they needed it.

We saw from our observations and from what people told us their day to day preferences and choices were respected. For example, people were able to get up and go to bed when they liked, they were able to eat their meals where they chose, and they were supported to choose what they wanted to wear. This was reflected in some care plans. For example, for one person we saw the care records stated, "Chooses bath after supper, before bed". However, most of the care records we looked at did not provide detail of the support people were given to express their wishes or exercise their rights of choice and control.

We were told by people who used the service they were not aware of regular reviews or meetings about their care needs. When asked, one person told us, "I don't think I've been involved in a care review during all of the time I've lived here". The care records confirmed that most people, or their relatives, had been consulted and involved when they were admitted to the care home. The follow up reviews did not provide confirmation of people or relatives' involvement. The registered manager acknowledged that people were not routinely involved in the review process.

We spoke with people who told us they felt able to complain if they needed to. One person told us, "We see the manager or senior staff regularly each day when they give us our medicines" and "I would complain to the manager if I really needed to".

There was varied feedback from people about the activity provision within the home. People's individual activity needs and preferences were not recorded, although the care records provided confirmation of the activities people had participated in. One person told us, "I join in when there are activities such as quizzes. There is enough for me to do. If there are no activities, I like to do my knitting". Another person told us, "The staff are very good, I like their company" and, "We don't get out enough. I thought there would be more activities". This was discussed with the registered manager.

We saw there was unrestricted access to the communal areas, and to the garden areas. The registered manager told us they carefully assessed people before they moved into the home to ensure they could meet people's care needs, but also to ensure the environment was suitable for the person. For example, on the top floor, the flooring was slightly uneven. The registered manager told they were mindful of this, and considered the environmental risks before admitting a person to the care home.

We recommend the provider reviews and develops the care recording systems to ensure a person centred approach and that care staff are aware of, and involved in, the care planning processes.

Requires improvement

Is the service well-led?

Our findings

We found the service was not always well- led. The provider had not ensured systems were in place or operated effectively to ensure the quality and safety of the service.

There were no regular and systematic audits and reviews for care records, medicine management or safety of the premises. For example, although a risk assessment and risk management plan for the safety of the windows was updated in July 2015, we found some windows that were not restricted above the ground floor level, and people were at risk of falling from height.

The registered manager told us they checked the medicines on a monthly basis, but their findings and actions were not documented. The checks had not picked up the issues we identified on the day of inspection.

Call bells were checked on a three monthly basis. This was by arrangement with an external contractor. There were no monitoring checks completed in between these times. We found a call bell was not working in one bedroom. This was brought to the attention of the senior staff on duty. A contractor was called and visited the care home during the day of our visit to investigate the problem. We were told the call bell would not be back in working order on the day. We were told by the registered manager the person would be monitored hourly during the night. They told us hourly checks were routinely undertaken for everyone in the care home. The care records confirmed people were monitored 'regularly' during the night. There were no records in place to confirm people were monitored on an hourly basis.

A representative of the provider told us they visited the home twice each week. They were in the process of introducing a recognised observational tool to use on a monthly basis, to help assess the quality of the service received by people living in the home. We found there was no recognised checking or monitoring system in place to guide or inform the provider's review of the care home. The registered manager provided some information electronically for the provider on a monthly basis.

We saw accidents and incidents were recorded, and the registered manager told us about the details of the accidents recorded. However, systematic reviews were not undertaken. This is important for assisting with the identification of patterns or trends that may require further or remedial actions.

We spoke with staff who told us they thought the registered manager was approachable and they felt supported. However, staff told us they were not supported or encouraged to read people's care plans, and they had not seen the risk assessment or risk management plans in place for the care home. This meant that people may be at risk of receiving care in an unsafe environment because staff were not aware of the risk management plans in place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were able to provide feedback about the service. We saw questionnaires had been completed by people and their relatives, in May 2015. The registered manager gave us an example of a change that had been implemented as a result of the feedback received. They told us people had asked for sauces and gravy to be served separately at meal times and this was implemented.

People told us they were invited to resident meetings. The most recent meeting was held during October 2015. We saw a suggestion for additional information to be made available to people. We spoke with the registered manager who told us they had responded to the request for the provision of a menu board in the dining room.

Staff meetings were held on a regular basis. At the last meeting, in October 2015, staff had asked for permission to write in the care plans. The registered manager told us this was agreed.

We spoke with people who told us they saw the registered manager on a regular basis. They told us they would be able to report issues of concern. One person told us, "I see the manager often, and if I needed to, I would speak with her if I had a problem".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not manage medicines safely**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The provider did not operate effective recruitment procedures**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems and processes were not operated effectively to monitor the service**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered provider had not ensured that care and treatment was only provided with people's consent. People's capacity to make certain decisions was not being assessed appropriately**