

Bupa Care Homes (ANS) Limited

Carnarvon 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?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 23 September 2015 and was unannounced. Carnarvon Nursing Centre is a care home that provides nursing and personal care to older people, people with a physical disability and younger adults. The home can accommodate up to 57 people. The home is owned by Bupa Care Homes (ANS) Limited and at the time of our inspection there were 43 people who lived in the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of

Summary of findings

Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

The service had appropriate systems in place to keep people safe and staff followed these guidelines when they supported people. There were sufficient numbers of care staff available to meet people's care needs and people received their medication as prescribed and on time. The provider also had a robust recruitment process in place to protect people from the risk of avoidable harm.

People's health needs were managed by staff with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support. Care plans reflected people's care and support requirements

accurately and people's healthcare needs were well managed. Staff interacted with people in a caring, respectful and professional manner, and were skilled at responding to people's care and support needs.

People were encouraged to take part in interests and hobbies that they enjoyed. They were supported to keep in contact with family and develop new friendships so that they could enjoy social activities outside the service. The manager and staff provided people with opportunities to express their views and there were systems in place to manage concerns and complaints.

There was an open culture and the management team demonstrated good leadership skills. Staff were enthusiastic about their roles and they were able to express their views. The management team had systems in place to check and audit the quality of the service. The views of people and their relatives were sought and feedback was used to make improvements and develop 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?

The service was safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

Good



Is the service effective?

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for by staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and considerate in the way that they provided care and support.

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

People were supported to maintain important relationships and relatives were consulted about their family member's care and support.

Good



Is the service responsive?

The service was responsive.

Staff understood people's interests and supported them to take part in activities that were meaningful to them. People were encouraged to build and maintain links with the local community.

There were processes in place to deal with any concerns and complaints and to use the outcomes to make improvements to the service.

Staff had a good understanding of how people communicated and used this knowledge to take their views and preferences into account when providing care and support.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

The service was run by an established management team that promoted an open culture, shared the same vision and demonstrated a commitment to providing a good quality service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Good



Carnarvon 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.

The inspection took place on 23 September 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and 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.

We spoke with ten people who lived in the service, seven care staff, two qualified nurses, the activities coordinator, the clinical services manager and the registered manager. We also spoke with five relatives.

We looked at six people's care records, eight staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Carnarvon Nursing Centre. Comments included, “Yes I feel safe here. They always ask who comes into the home.” And “I would say I felt safe living here. It’s as safe as living in your own home.” Additionally, a relative told us, “I feel this is a safe home. I know all the staff that deal with [relative] and I feel they are safe here.” The provider had taken steps to safeguard people from the risk of abuse.

The provider’s safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff understood the procedures to follow if they witnessed or had an allegation of abuse reported to them. Staff told us they had received training in the safeguarding adults from abuse. They also told us that they were confident and knew how to support people who could become anxious in a safe and dignified manner.

Staff had sufficient guidance in the health and behavioural action plans, so they could provide support to people, when they needed it and reduce the risk of harm to others. For example one staff member described an event whereby one person had become confused and lost their way around the home, and the steps taken. These included reassuring the person by taking them back to their room and engaging them in some one to one time. We also saw staff were receptive to people’s non verbal communication and understood when they did not seem happy. One staff member told us, “If [person] has a problem I get down to eye level and help them work out a solution as sometimes it just takes that to make them feel ok again.”

Safeguarding referrals and alerts had been made where necessary and the service had cooperated fully with any investigations undertaken by the Local Authority. Where safeguarding referrals had been made we saw that clear records had been maintained with regard to these. People were supported to be as safe as possible because staff had a good understanding of how to protect them.

All of the staff we spoke with knew people’s needs and how to manage risks to people’s safety. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people’s records which identified how the risks in their care and support were

minimised. Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment. Our observations and conversations with staff demonstrated that guidance had been followed.

We saw that the risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in their risk assessment we saw that their families, advocates or legal representatives had been consulted. Care plans contained risk assessments in relation to risks identified such as nutritional risk, falls and pressure area care, and how these affected their wellbeing.

Risk assessments for the location and environment had been regularly reviewed and we saw that there had been appropriate monitoring of accidents and incidents. We saw records which showed that the service was well maintained and equipment such as the fire system had been regularly checked and maintained. Appropriate plans were also in place in case of emergencies, for example, evacuation procedures in the event of a fire.

There were enough skilled staff to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff did not appear rushed when providing any personal care and people’s care needs and their planned daily activities were attended to in a timely manner. One relative told us, “The staff are all really nice but they’ve been working like headless chickens – it’s nice to see some more support for them recently”. Staffing levels had been determined by assessing people’s level of dependency, and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people’s changing needs. Staff told us that there were enough of them to meet people’s needs. The manager told us, “We have adjusted the staffing levels recently and there have been lots of changes. We try not to use agency staff to ensure continuity of care.”

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. The recruitment files we saw

Is the service safe?

contained all the relevant documentation required which showed that the processes discussed had been followed. People could be confident that they were cared for by staff who were competent and safe to support them.

People received their medicines safely and as prescribed from appropriately trained staff. Medication Administration Records (MAR) had been accurately completed to reflect this. We observed the medication round. This was done with due care and attention, and staff completed the MAR sheet after each person had taken their medicine. We noted on two records that medication to be given had been transcribed by staff (hand written and not printed), but did not evidence that signatures were present to confirm they had been double checked by two staff members. We discussed this with the senior nurse on the day, as whilst we acknowledge people did all get the correct medication, there was a risk that people may get the incorrect medication or dose if it is not correctly documented because of a mistake in recording.

Each person had a medication profile which included a current list of their prescribed medicines and guidance for staff about the use of these medicines. This included those that people needed on an 'as required' basis (usually referred to as PRN medication). This type of medication may be prescribed for pain or specific health conditions. No one was self medicating on the day of our inspection. One person who required assistance with taking their medication was helped by the staff member to do this. Throughout this process, the staff member explained fully what was happening and ensured all actions were understood.

Regular medication audits were completed to check that medicines were obtained, stored, administered and disposed of appropriately. Only qualified nursing staff administered medication and were able to evidence they had the skills needed to administer medicines safely.

Is the service effective?

Our findings

All of the people and their relatives we spoke with were complimentary about the service they received and the manner in which staff supported them. They told us that staff had the required skills, knowledge and the ability to communicate effectively with people. One person told us, “I have a lovely room, everything is good here and the carers are great.” And, “The staff here are excellent. Nothing is too much trouble and there’s a nice friendly ambience in the home which I like. The food is really lovely and we had an excellent Sunday lunch together downstairs – you couldn’t get better in a restaurant!” Additionally we were also told, “I’m normally up but I’m not feeling too well today, I was in pain overnight but the nurse brought me a cup of soup and some painkillers which was very kind of her. The staff are all nice in here.”

Staff told us that they were supported with regular supervision, which included guidance on what they were doing well. Supervision focused on development in their role and any further training that would benefit them. Staff also attended staff meetings where they could discuss matters that affected them, as well as the care management and welfare of the people who lived in the service. Opportunities for staff to develop their knowledge and skills were also discussed and recorded. One member of staff said, “I know I’m new, but I really feel part of a team here. I’m impressed with the way the staff here never moan about their work and seem to get along as a team.” Another staff member added, “We work well as a team. The manager has really worked hard on improving things and it’s good to see things being improved here.” The management team supported staff in their professional development to promote and continually improve their support of people.

People were cared for by staff that were well trained to deliver their duties. The staff we spoke with told us they had received enough training to meet the needs of the people who lived at the service. Training for staff was predominantly provided via e learning and group based sessions. Staff told us the training was good and gave them the information they needed to meet people’s needs. Training was well managed and updates for established staff were provided promptly when they were due. We reviewed training records and saw that staff had received training in a variety of different subjects relevant to the

needs of the people they provided care and support to. Staff were able to demonstrate to us through discussion, how they supported people in the areas they had completed training in such as as moving and handling, dementia, health and safety and nutrition.

People’s capacity to make day-to-day decisions was taken into consideration when supporting them and people’s freedom was protected. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People who could not make decisions for themselves were protected. The manager had made appropriate DoLS referrals where required for people. Staff had a good understanding of Mental Capacity Act (MCA) 2005 and DoLS legislation and new guidance which was available, to ensure that any restrictions on people’s activities were lawful. Records and discussions with staff showed that they had received training in MCA and DoLS and they understood their responsibilities. We saw people had been consulted and consented, where able, to their plans of care. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual’s best interest.

People were complimentary about the food. They told us they had enough to eat, their personal preferences were taken into account and there was a choice of options at meal times. Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. People were not rushed to eat their meals and staff used positive comments to prompt and encourage individuals to eat and drink well. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. One relative also told us, “The food is really nice here.” Care plans contained information for staff on how to meet people’s dietary needs and provide the level of support required. People were happy and interacted well with staff whilst enjoying their meal. We saw that where people had specialist diets, a balanced diet was followed and people had plenty of snacks and drinks offered throughout the day.

We noted on the day of inspection that some gaps were evident on the fluid charts we reviewed. This appeared to be an isolated incident on one floor which related to just the previous afternoons recording. Whilst we acknowledge that people were positive about their nutritional needs and

Is the service effective?

choices, and we saw people having regular drinks provided throughout the day, we did discuss this incident with the manager. The manager stated that they had been auditing the charts and assured us that they would reimplement robust measures to prevent this type of recording error happening again. We also noted that snack boxes were placed around the service so people could just help themselves and were replenished regularly. A nite bite menu was available, and we were told that the chef would meet individually with people at regular intervals.

The service appropriately assessed people's nutritional status and used the Malnutrition Universal Screening Tool (MUST) to identify anyone who may need additional support with their diet such as high calorie drinks or specialist diets. These assessments were up to date and had been reviewed on a regular basis. People had been

regularly weighed and, where necessary, referrals had been made to relevant health care professionals. These included speech and language therapists for issues around swallowing or dietetic services for people with particular dietary requirements.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. These included district nurses, the chiropodist, dietician, speech and language therapists (SALT) and social workers. People were encouraged to discuss their health. Regular reviews were carried out by health professionals to monitor improvements or changes that may require further professional input.

Is the service caring?

Our findings

All of the people we spoke with, including relatives, told us the staff were caring and kind. One person said, “Well, it’s just like a three star hotel in here. I have a lovely room, I have all my photos and bits up from home. The carers are all very lovely, but I don’t need them much as I’m very self sufficient.” Another person said, “The staff are all very caring here and they look after you well.”

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Staff showed genuine interest in people’s lives and knew them well. They understood people’s preferred routines, likes and dislikes. We observed people who used the service in the company of the staff. People were as calm and comfortable, smiling and enjoying friendly interaction with staff when engaged in daily activities or discussing their plans for the day. We also saw staff deal sensitively with relatives who had just lost a loved one on the day of our inspection.

Staff were knowledgeable about people’s life experiences and spoke with us about people’s different personalities. They demonstrated an understanding of the people they cared for in line with their individual care and support arrangements. This included how they communicated and made themselves understood, for example writing things down and using pictorial aids to enable people to express their choices. Staff were aware of people’s different facial expressions, vocalised sounds, body language and gestures which indicated their mood and wellbeing. Staff were familiar with changes to people’s demeanour and what this could represent, for example how a person appeared if they experienced pain or anxiety.

Staff addressed people by their preferred names, and chatted with them about everyday things and significant people in their lives. Staff were able to demonstrate that they knew about what was important to the person. We observed during our inspection that positive caring relationships had developed between people who used the service and staff.

Staff told us how they respected people’s wishes in how they spent their day and the individually assessed activities they liked to be involved in. People were supported to develop and maintain friendships. Their care plans contained information about their family and friends and those who were important to them.

Staff enabled people to regularly access the community and to participate in activities they enjoyed. For example we saw the home had in place a wishing tree. This was where people would place small cards with things they would really like to do. One staff member said, “We really try to help them achieve these where we can.” Examples included going to bingo, going to space, Gracelands and the Lake District. To facilitate this the service had brought in an Elvis impersonator, painted a mural of the Lake District in one person’s room and got a volunteer to develop a computer programme which made it look like someone was in space. One person told us, “The activities lady here is really lovely, and tries very hard to get some activities and entertainment going, but not enough people join in. She organises trips to other homes, and when we have entertainment here we have residents from other homes come over – Tom Jones was very good, and we had Elvis.” We also noted that one person had their own rabbit with them at the service.

Staff told us how they respected people’s dignity and privacy, including when supporting people with their personal care needs, and understood why this was important. People’s health care needs were discussed in private and not publicly. People chose whether to be in communal areas, have time in their bedroom or outside the service. We saw that staff knocked on people’s bedroom and bathroom doors and waited for a response before entering.

From our observations we saw that people had a good sense of well-being, they were at ease and relaxed in their home, came and went as they chose and were supported when needed. We observed the service had a strong, visible, culture which focused on providing people with care which was personalised to the individual. Staff were motivated, passionate and caring. People told us and our observations confirmed that staff respected people’s privacy and dignity.

Is the service caring?

There were systems in place to request support from advocates for people who did not have families. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People and their relatives told us that they felt the service met their needs and were satisfied with the care and support they received. They had been given the appropriate information and opportunity to see if the home was right for them, and could respond and meet their needs appropriately prior to moving in. People also told us they had the opportunity to be involved in their care planning. One person told us, "If I have a problem I know I can just ask the manager and they will listen." One staff member told us, "The manager and deputy manager are both easily contactable and responsive if I ever have to raise anything with them."

People received care and support specific to their needs and were supported to participate in activities which were important to them. We saw that staff were attentive and perceptive to people's needs including non-verbal requests for assistance. Where support was required, this was given immediately.

People had an allocated staff member as their key worker who were involved in that person's care and support arrangements. We saw records, which confirmed that staff met regularly with people to discuss the arrangements in place and to make changes where necessary if their needs had changed. This ensured that people received care and support that was planned and centred on their individual needs.

Staff explained how they tailored care and support to meet people's complex needs. This included when people were not always able to express themselves verbally and were becoming frustrated at not being understood as they had to use one word answers. Staff described how they shared with each other the best ways to recognise people's different behaviours and mannerisms and how to respond appropriately. Staff described how they used different responses to communicate their understanding and to engage with people, this included short verbal sentences, pictures and using reassuring gestures. This showed that staff recognised and were responsive to people's individual needs. We discussed one example with the manager whereby a person had become quiet, anxious and withdrawn and a plan was now in place to ensure that person spent the majority of their time around people in

the lounge area, and with staff. This alleviated the person's anxiety and had kept them calm. Relatives we spoke with also described other incidences whereby the manager had quickly and efficiently responded to concerns, however small and the outcome was positive.

Care records contained detailed information about people's physical health, emotional and mental health and social care needs. These needs had been assessed and care plans were developed to meet them. Care plans were routinely updated when changes had occurred which meant that staff were provided with information about people's current needs and how these were met.

Staff were kept aware of any changes in people's needs on a daily basis. One member of staff told us, "We discuss each person with each other every day at handovers so we know of any changes straight away." Daily records contained information about what people had done during the day, what they had eaten, how their mood had been or if their condition had changed. Throughout the day staff communicated effectively with each other. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

All of the people we spoke with told us they were very happy with the service they received and would speak to the manager or other staff if they needed to. People told us that if they had raised any concerns these had been dealt with promptly and sensitively. People told us they had daily access to the management team and found them very approachable. They also told us they had regular opportunities to express their views about the care they received through care reviews, independent discussion, residents meetings and surveys.

The provider's complaints policy and procedure was made freely available in the service and contained details of relevant external agencies and advocacy information to support people if required. We were told that any complaints received would be acted upon promptly and were used to improve the service and we saw records that evidenced this. Feedback would be given to people explaining clearly the outcome and any actions taken to resolve any concerns. Staff were aware of the actions that they should take if anyone wanted to make a complaint. There was a complaints procedure in place which was displayed prominently in the service for people to refer to.

Is the service well-led?

Our findings

People and their relatives told us they all had confidence in the management and staff. They told us they felt involved in how the service was run and were asked for their views in planning improvements. The service was well managed and the provider and registered manager were very visible and accessible. All the people we spoke with told us they knew who the manager was and comments included, “The changes are unbelievable, the manager is great and always contactable”. And, “I feel the home has good managers running it.”

People told us they had no concerns with the management and staff. We also received positive comments about the provider and registered manager from staff who told us that they were approachable, fair and communicated well with them.

All of the staff told us they worked in a friendly and supportive team. One staff member told us, “It’s good to see things are getting better here. [Managers] are very approachable, and we have regular team meetings where we can raise any issue.” They felt supported by the provider and registered manager and they were confident that any issues they raised would be dealt with. Staff felt able to raise concerns with their manager and felt listened to by both managers and colleagues. Staff felt able to suggest ideas for improvement, and had access to regular staff meetings, supervision and annual appraisals. Staff told us that communication was always inclusive and they were always consulted about any proposed changes. Meeting minutes showed that staff feedback was encouraged, acted upon, and used to improve the service. For example, staff contributed their views about issues affecting people’s daily lives.

Staff were supported with training to make sure their knowledge and skills were up to date in particular when supporting people living with dementia or physical disabilities. We were told the focus of this training was to equip staff with the skills and understanding they needed, and to give them opportunities to discuss how well they were doing as a team in promoting individualised, quality care to people.

The culture of the service was centred around people who used the service, and tailored to meet their care, treatment and welfare and needs. Staff understood their roles,

responsibilities and own accountability, and the service maintained good links with the local community. We saw that people accessed the community and there was good staff availability to enable any outings and service events to take place and the service links with the community were good.

The management of the service had processes in place which sought people’s views and used these to improve the quality of the service. Relatives and visitors told us they had expressed their views about the service through one to one feedback directly, surveys and through individual reviews of their relative’s care. We looked at the responses and analysis from the last quality audit survey in 2015. This provided people with an opportunity to comment on the way the service was run. We saw that the majority of respondents who lived at the service returned positive responses and action plans to address any issues raised were in place and were either in progress or completed. Additionally monthly service performance reports were completed.

Systems were in place to manage and report accidents and incidents. People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Records of incidents documented, showed that staff followed the provider’s policy and written procedures and liaised with relevant agencies where required.

The manager told us that the provider monitored trends such as the number of challenging incidents, falls, pressure sores acquired, and any medication errors. Actions were taken to learn from incidents, for example, when accidents had occurred, risk assessments were reviewed to reduce the risks from happening again. Incidents, including significant changes to people’s health and/or behaviours, were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or known triggers) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

Issues identified and the response of the manager protected people from identified risks and reduced the likelihood of re-occurrence. Effective quality assurance systems were in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the registered manager and provider

Is the service well-led?

and subsequent actions had resulted in improvements in the service. Systems were also in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service.