

# Bupa Care Homes (AKW) Limited

## Nairn House Care Centre

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 24 April 2015 and was unannounced. When we last visited the home on 31 January 2014 we found the service met all the regulations we looked at.

Nairn House is a service for older people who are in need of nursing care. Nairn House provides accommodation to a maximum of sixty-one people some of who may have dementia. On the day of our visit there were 55 people using the service.

The home 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.

Insufficient action had been taken to comply with the Mental Capacity Act 2005 (MCA) as MCA and best interest assessments had not been carried out.

People were kept safe. Risks to people were identified and staff took action to reduce those risks. Staff were available and had the necessary training to meet people's needs. Staff responded to people's needs promptly.

# Summary of findings

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. People were supported effectively with their health needs.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences. Staff understood people's preferences, likes and dislikes regarding their care and support needs. People were provided with a choice of food, and were supported to eat when this was needed.

People were treated with dignity and respect. There was an accessible complaints policy which the registered manager followed when complaints were made to ensure they were investigated and responded to appropriately.

People using the service, relatives and staff said the registered manager was approachable and supportive. Systems were in place to monitor the quality of the service and people and their relatives felt confident to express any concerns, so these could be addressed.

At this inspection there were breaches of regulations in relation to the need for consent to care. 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?

The service was safe. Procedures were in place to protect people from abuse.

The risks to people who used the service were identified and managed appropriately

Staff were available in sufficient numbers to meet people's needs.

People consistently received their medicines safely and as prescribed.

Good



### Is the service effective?

The service was not always effective. Action had not been taken to comply with the Mental Capacity Act 2005 (MCA) as MCA and best interest assessments had not been carried out.

People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

People told us they enjoyed their meals. The chef was aware of any special diets people required.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Requires improvement



### Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Good



### Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs and staff followed these.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

The service had a system in place to gather feedback from people and their relatives, and this was acted upon. People knew how to make a complaint as there was an appropriate complaints procedure in place.

Good



### Is the service well-led?

The service was well-led. The provider promoted an open and transparent culture in which good practice was identified and encouraged.

Good



# Summary of findings

People and their relatives were consulted about how the provider could make improvements to the service.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

# Nairn House Care Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 April 2015 and was unannounced.

The inspection was carried out by an inspector, a second inspector, a pharmacist inspector, a specialist professional advisor who was a nurse with knowledge of older people's needs 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.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection 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 spoke with the local safeguarding team and a GP to obtain their views.

During the visit, we spoke with fourteen people who used the service, two visitors, five care staff, one nurse, the cook and the registered manager. We spent time observing care and support in communal areas.

We also looked at a sample of 12 care records of people who used the service, 22 medicine administration records, five staff records and records related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. People's comments included, "I feel safe here," and "We have all felt safe here, there are no problems." People could raise concerns with staff. Relatives were aware of the safeguarding policy and knew how to raise concerns.

Staff understood the provider's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both within the service and to authorities such as the local safeguarding team and the Care Quality Commission. All of the staff we spoke with could clearly explain how they would recognise and report abuse. They told us and records confirmed that they received regular safeguarding adults training as well as equality and diversity training. They understood that racism or homophobia were forms of abuse and gave us examples of how they valued and supported people's differences. Professionals involved with the service told us that staff responded to any concerns they raised. Appropriate arrangements were in place to protect people from the risk of abuse.

Risk assessments were in place that ensured risks to people were addressed. There were detailed risk assessments covering areas of potential risks, for example, falls, pressure ulcers and nutritional needs. These were being reviewed monthly and any changes to the level of risk were recorded and actions identified to lessen the risk were highlighted. Staff were able to explain the risks that people might experience when care was being provided. Risk assessments identified the action to be taken to prevent or reduce the likelihood of risks occurring. Where necessary professionals had been consulted about the best way to manage risks to people.

People told us that enough staff were available to meet their needs. One person said, "There are always enough staff about." The registered manager explained that as part of people's assessment before they used the service it was agreed with them how much staff support they needed. Staff told us that there were enough staff available to meet people's needs. When people requested support from staff they were responded to promptly. One person told us, "They came very quickly when I needed help." The registered manager showed us the staffing rota for the

previous week. This reflected the number of staff on duty on the day of the inspection. The rota showed that the numbers of staff available was adjusted to meet the changing needs of people.

Safe recruitment procedures were in place that helped to ensure staff were suitable to work with people as they had undergone the required checks before starting to work at the service. Staff records contained criminal records checks, two references and confirmation of the staff member's identity. Checks had been completed to confirm that staff who had a nursing qualification were registered with the appropriate professional organisations. We spoke with one member of staff who had recently been recruited to work at the service and they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

Appropriate arrangements were in place for the safe management of medicines. When the nurse gave medicines to people we saw that they were patient and reassuring. The nurse recorded when the medicines had been taken. One person said, "I get my medication when I expect it." People were asked if they were in pain and were given pain relief. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them. As part of this inspection we looked at the medicine administration records for 22 out of 55 people. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the medicine administration records and any reasons for not giving people their medicines were recorded.

Where medicines were prescribed to be given 'only when needed' or where they were to be used only under specific circumstances, individual when required protocols, (administration guidance to inform staff about when these medicines should and should not be given) were in place. They provided information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they needed them and in way that was both safe and consistent.

## Is the service safe?

Medicines requiring cold storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. We saw that controlled drugs were managed appropriately.

The provider completed daily and monthly audits to check the administration of medicines was being recorded correctly. Records showed any concerns were highlighted and action taken. The provider had systems in place to monitor the quality of medicines management.

# Is the service effective?

## Our findings

The registered manager told us that they were referring people for Deprivation of Liberty Safeguards (DoLS) assessments. However we found that insufficient action had been taken to comply with the Mental Capacity Act 2005 (MCA) as MCA and best interest assessments had not been carried out. Care records did not contain MCA or best interest assessments. People's care records showed that they had bed rails in place to prevent them from falling out of bed. No assessments had been made regarding whether this was in their best interest or that they had the mental capacity to consent to this as it was potentially a restriction of their liberty.

Six of the care records looked at showed that people had Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms in place. However no mental capacity assessments had been carried out to support these DNAR decisions. Records were not available to show that discussions had taken place with the relevant professionals and people's relatives regarding these decisions. Staff could not explain how they would have assessed whether people had the mental capacity to make decisions regarding their care. The registered manager told us that training on the MCA was planned and will take place soon. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had the necessary skills and knowledge to meet their needs. One person said, "The staff do a good job." Another person told us, "Staff who helped me were very good and knew what they were doing." Staff knew how to respond to people to meet their needs. Staff who had recently started to work at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met.

Training records showed that staff had completed mandatory training in line with the provider's policy. Staff had training on dementia, managing behaviour that challenged the service and nutrition. All care staff had completed a diploma in health and social care. Staff who were qualified nurses had been supported to complete training that meant they could maintain their nursing

registration. A training matrix was used to identify when staff needed training updated. Staff said the training helped them feel confident about carrying out their role and meeting people's needs.

Staff confirmed that they received regular supervision and that this was an opportunity to get support from management about any work issues or concerns they might have. We looked at three records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice. Records showed that staff had received regular supervision in line with the provider's policy. This had focused on their developmental needs and the work they were doing with people. Staff confirmed that they had regular supervision and appraisals which enabled them to better understand and meet people's needs.

People's nutritional needs were assessed and when they had particular preferences regarding their diet, these were recorded in their care plan. One person said, "There are very good meals here, but if you don't like something, they would try and do something else" and "we can have a drink at any time." The cook was able to explain the dietary needs of people who had diabetes or were on low or high fat diets. One person, who ate very little, said that the cook had talked to them to find out what they would like to eat.

People told us they enjoyed their meals. One person said, "I like the food here." People had a choice of dishes for each meal. Some people were offered choices at lunch time if they didn't want to eat or drink what they had originally requested. Another person told us, "I can ask for something different if I don't fancy the meal." At lunchtime staff were available to assist people to eat and drink when they needed support to do this. We saw staff supporting and assisting people with meals taken in their own rooms. Staff sat next to each person and supported or fed them in an unhurried and respectful way, encouraging people to be as independent as possible and chatting to the person in an appropriate manner. Staff supported people to take their time to enjoy their meals.

If people refused a meal we heard staff offering an alternative. Snacks were also available throughout the day. Staff told us if someone had a reduced dietary intake, or concerns about their nutrition were identified, food and fluid charts were put in place to monitor the amount of food or drink they consumed. Where necessary we saw that



## Is the service effective?

people had been referred to the dietitian or speech and language therapist if they were having difficulties swallowing. People's weight was being monitored and recorded in their care plans.

People were supported to access the health care they needed. They told us that they were able to see their GP when they wanted. One person said, "You get to see the doctor and they will come in when you need them." Relatives told us that when they asked staff to contact the

GP this was done quickly. Care records showed that the service liaised with relevant health professionals such as GPs and district nurses. One person confirmed that, "I've seen the doctor, the dentist and the chiropodist and the staff arranged it." Care plans also showed that other health professionals, for example, dentists, opticians and chiropodists had been consulted about people's needs. Copies of discharge letters from the hospital were kept in people's care records.

# Is the service caring?

## Our findings

People told us that staff treated them with compassion and kindness. One person said, “The staff are usually kind and caring.” People were treated in a caring and respectful manner by staff who involved them in making decisions about their care. One person told us, “I would recommend this home to anyone. Staff are kind, you can’t fault them.” Another person said “Staff are kind and try to help.”

Staff knocked on bedroom doors and doors were closed whenever staff were supporting and assisting people with personal care. Staff treated people politely and with respect in their interactions and when supporting people.

Staff were aware of how to support people to express their preferences. Staff were able to describe how they supported people to make choices about what clothes to wear and we heard staff asking people where they wanted to spend time. We also saw that staff supported people to be as independent as possible, for example by encouraging a person to manage their personal care where they were able to do so.

Staff knew how to support people to express their views and be actively involved in making decisions about their care as far as possible. One person said, “Oh, I do get the care I expect.” Staff told us that people, or their representatives, were asked about people’s preferences on admission to the home and that this was recorded in people’s care plans. Relatives of two people who used the service confirmed that they were asked for this information.

One relative said ‘They asked us whether my relative liked breakfast before or after a shower, what type of products they liked to use and what they can do for them self. They also asked which newspaper he would like to have in the morning.’

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people’s care where appropriate. Care plans contained information about people’s preferences regarding their care. People’s likes and dislikes regarding food, interests and how they wanted to spend their time were also reflected in their care plans.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood people’s needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Relatives had been asked about people’s cultural and religious needs. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

We found that people’s relatives and those that mattered to them could visit them when they wanted to. One person commented, “My relatives are always made welcome.” Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views of their care.

# Is the service responsive?

## Our findings

People and their relatives had been involved with planning and reviewing their care. Any changes to people's care was discussed with them and their relatives where appropriate. One relative said, "They make sure that we are involved in deciding what will happen." Care plans were in place to address people's identified needs. Care plans had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date. Staff explained how they met people's needs in line with their care plans.

People and their relatives told us that they had regular meetings with staff to discuss their needs so that they could be involved in decisions about how care was delivered. People's care records showed that they were regularly consulted about their needs and how these were being met. Staff supported people to make decisions about their care through discussions of their needs.

There was a key worker system in place in the service. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. One person said, "My carer makes sure I have what I need." We found that the key worker system was effective in ensuring people's needs were identified and met as staff were able to explain the needs of the people they were supporting and how they did this.

There was a 'Daily life log' completed for each person which set out people's preferences such as the time they preferred to get up and go to bed, whether they preferred showers or baths and information about their interests and hobbies. People's histories were recorded in their care records. Staff demonstrated a good understanding of people's likes and dislikes and their life histories.

People could choose to be engaged in meaningful activities that reflected their interests and supported their wellbeing. The activity coordinator described the range of activities available for people which included occasional shopping trips and visiting musicians, films, board games and quizzes. A range of daily activities were provided on all three floors and activity plans were available. We saw that a number of activities took place throughout the day, including a music activity, bingo and an exercise group.

Meetings were held with people at which issues regarding future activities and the general running of the service were discussed. Minutes were written in a way that supported people who used the service to understand and make decisions.

People were confident that if they made a complaint this would be listened to and the provider would take action to make sure that their concerns were addressed. One person said, "I don't have any complaints, but I know if I did they would do something to sort things out." Copies of the complaints procedure were on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to inform the manager about this, so the situation could be addressed promptly.

People and their relatives were confident they could raise any concerns they might have, however minor, and they would be addressed. One person said, "If I am unhappy about something, I would go downstairs to complain." The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

# Is the service well-led?

## Our findings

People using the service, their relatives and friends were positive about the registered manager and way the provider ran the service. One person told us, “The manager comes up and says hello.” People and their relatives knew who the registered manager was and said they were approachable and available. One person said, “The manager visits once or twice a day.”

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff told us the registered manager was open to any suggestions they made and they had benefited from clearer communication from the registered manager about how they should prioritise their work.

The service had a number of quality monitoring systems including yearly questionnaires for people using the service, their relatives and other stakeholders as well as regular meetings and monthly quality audits. People

confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care provided by staff to people. These checks were recorded and any issues were addressed with staff in their supervision. Quarterly audits were carried out across various aspects of the service, these included the administration of medicines, care planning and training and development. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed.

Incident and accident records identified any actions taken and learning for the service. Incidents and accidents had been reviewed by the registered manager and action was taken to make sure that any risks identified were addressed. The provider’s procedure was available for staff to refer to when necessary, and records showed this had been followed for all incidents and accidents recorded.

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	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p><b>How the regulation was not being met:</b> The registered persons did not have suitable arrangements in place to make a decision regarding service user's capacity to make decisions and consent to their care and treatment in line with the Mental Capacity Act 2005. Regulation 11 (1) (4).</p>