St Dominic's Limited

Birdscroft Nursing Home

Inspection report

16 Highfields
Ashtead
Surrey
KT21 2NL

Tel: 01372274499
Website: www.asterhealthcare.co.uk

Date of inspection visit:
09 June 2017

Date of publication:
17 July 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Birdscroft Nursing Home provides accommodation and nursing care for up to 28 people, some of whom have dementia. Rooms are arranged over two floors and there is a passenger lift. Communal facilities include a large lounge, a small quiet lounge, a separate dining room and a secluded rear garden which is accessed via a ramp with rails. There is parking to the front of the property. At the time of our inspection 24 people lived here.

We carried out an unannounced comprehensive inspection of this service on 28 November 2016. At that inspection breaches of legal requirements were found. After that comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches in medicines management, good governance and provider management oversight by 30 April 2017.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birdscroft Nursing Home on our website at www.cqc.org.uk.

The provider had taken appropriate action and addressed all of these concerns. The service now required a period of stability for these changes to be embedded and sustained

There was not a registered manager in post. A new manager was in post, and in the process of applying to become registered with the CQC. 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.

People told us they were happy living here. One person said, "Staff are good, very caring." Another person said, "The food is really good, my room is warm when it is cold outside, and my bed is comfortable." Staff told us they were happy in their work.

People were safe at Birdscroft Nursing Home. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who live here. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. People received their medicines when they needed them. The provider's internal quality assurance processes had identified that some improvements were required in the way some staff managed medicines. They had taken appropriate action to address the issues.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. In the event of an emergency people were protected because each person had a plan which detailed the support they needed to get safely out of the building.

Staff recruitment procedures were safe to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment. They had also checked to ensure staff were eligible to work in the UK.

The provider had effective systems in place to monitor the quality of care and support that people received. Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

We found improvements had been made and people's medicines were managed and stored in a safe way. People had their medicines when they needed them.

People felt safe living at the home. The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the home.

Is the service well-led?

Requires Improvement

The service was well- led.

We found that improvements had been made. Quality assurance records were up to date and used to drive improvement throughout the home. The service now required a period of stability for these changes to be embedded and sustained.

Staff felt supported and able to discuss any issues with the manager.

People and staff were involved in improving the service. Feedback was sought from people via regular meetings.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Birdscroft Nursing Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of the service on the 9 June 2017. This inspection was done to check that improvements to meet legal requirements had been made since our comprehensive inspection on the 28 November 2016. We inspected the service against two of the five questions we ask about services, which were 'is the service safe and is the service well led'. This is because the service was not meeting some legal requirements. Due to the focused nature of the inspection the inspection team consisted of one inspector.

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.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

To find out about people's experience of living at the home we spoke with six people. We sat with people and engaged with them. We observed how staff cared for people, and worked together as a team. We spoke with five staff which included the manager and representatives from the provider. We also spoke with two visiting health care professionals. We reviewed care and other records within the home. These included four care plans and associated records, six medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the staff.

We also requested feedback from the commissioners of the service, the local authority safeguarding team, the pharmacist used by the service, the local GP practice and the tissue viability nurse service. No information of concern was received.

Good

Is the service safe?

Our findings

At our previous inspection in November 2016 we had identified one breach in the regulations regarding how people's medicines were managed. This was around the staff not administering the medicines in date order from blister packs, and covert medicines not being managed in a safe way. The provider had sent us an action plan on how they would improve the service. At this inspection we found the provider had taken appropriate action to meet the requirements of the regulations.

People were safe living at Birdscroft Nursing Home. One person said, "Yes, I do feel safe living here." Another person said, "I feel safe because if I need help they come right away."

People received their medicines in a safe way, and when they needed them. One person said, "I have my medicines, like pain relief, when I need them." Another person said, "I get my medicines at the same times every day."

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) that we looked at so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines that required refrigeration to keep them cool were stored at the correct temperatures, so that staff would know they were safe to use.

For 'as required' medicine, such as pain relief or medicine to help people who may be anxious, there were guidelines in place which told nursing staff the dose, frequency and maximum dose over a 24 hour period. Medicine documentation recorded that these guidelines had been followed.

The provider's internal quality assurance processes had identified issues with regards to medicines management within the last month. Prompt action had been taken by the manager and the provider to address the issues.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things because it was too 'risky'. People with limited mobility, were not prevented from moving around and were actively supported by carers who ensured their safety and who respected their decisions. One person said, "I always have my crutches to hand, and if I need help staff are always there." Throughout the day people were able to move freely around the ground floor. Staff encouraged people to maintain their mobility by only offering support if the person was struggling or was at risk from falling. Staff followed good moving and handling practice.

Assessments had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures such as monitoring peoples weight of they were at risk of malnutrition, and the use of fortified foods and drinks to give them an enriched diet. Risk assessments had been regularly reviewed to

ensure that they continued to reflect people's needs.

People were cared for in a clean and safe environment. People told us that their rooms were cleaned regularly and that they were pleased with the standard of cleaning. Hand sanitising gels were placed at strategic points throughout the home. People who needed the use of a hoist to move had individual slings which are essential to limit the spread of cross infection.

There were sufficient staffing levels deployed to keep people safe and support their health and welfare needs. One person said, "Yes, I think there are enough staff here." During this inspection staff were always available in the large communal area to ensure people at risk of falls were safe, and to respond to any requests from people. People in their rooms had call bells available and the call bells were answered quickly.

Staffing levels were calculated on the needs of the people who lived at the home. Staffing rotas showed that levels of staff on shift over the past four weeks matched with the calculated support levels of the people that lived here.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The provider checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were also copies of other relevant documentation including character and professional references and proof of identification such as passports, to show eligibility to work in the UK. The manager also monitored that the nurses were registered with the Nursing and midwifery Council. All nurses who practice in the UK must be on the Nursing and Midwifery Council (NMC) register. This ensured that the nursing staff were suitably qualified to carry out their role as an RGN.

People were protected from the risk of abuse. Staff had received safeguarding training. They understood about the various forms of abuse and what they would do if they suspected or saw that it was taking place, such as making a referral to an agency, such as the local Adult Services Safeguarding Team or police. Staff were aware of their role in reporting suspected abuse. Information outlining the procedure to follow if abuse was happening or suspected, was clearly displayed on a notice board for people to see if they needed guidance or had concerns.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

The home was well maintained. Redecoration of the home had taken place via the use of pictures and stencils on the walls. This gave the home a clean, light and airy feel. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

Requires Improvement

Is the service well-led?

Our findings

On the comprehensive inspection in February 2015, we identified a breach in regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider and registered manager did not have sufficient oversight of the service and there were no systems in place to monitor, review and improve the quality of care provided.

At our second comprehensive inspection in November 2016 we identified a continued breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, CQC issued a formal warning to Birdscroft Nursing Home. The areas for improvement that we identified in the enforcement action were about the systems and processes that needed to be in place to monitor, review and improve the quality of care. The provider sent us an action plan to tell us that the actions would be completed within the time scale we made, which was the 30 April 2017.

At this inspection we found the provider had taken appropriate action to meet the requirements of the regulations.

The new manager was in the process of applying to become registered with the CQC. It was evident that in the short time since the new manager had been appointed, real improvements had been made and further plans for positive change had been identified. The service now required a period of stability for these changes to be embedded and sustained.

Regular weekly and monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion. In addition the provider had carried out visits to the home during the transition period of the new manager. They reviewed the manager's progress and sought feedback from people to ensure they were happy with the level of care being provided.

There was a positive culture within the home, between the people that lived here, the staff and the manager. The atmosphere was very welcoming and open. One person said, "There is a very nice atmosphere here." People felt secure and were very happy to share thoughts about their life at Birdscroft Nursing Home with us.

The home was well managed to ensure people received a good quality of care and support. People described the manager as being available, visible and somebody who would help if necessary. One person said, "The new manager is lovely. She is everywhere, watching what staff are doing, she is very good."

People experienced a level of care and support that promoted their wellbeing because staff understood their roles and were confident about their skills and the management. Staff told us the manager had an

open door policy and they could approach the manager at any time. Staff felt supported and able to raise any concerns with the manager, or the provider.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard. Records of quality assurance and governance of the home were also well organised and showed the registered manager had a good understanding of the care and support given to people.

People and relatives were included in how the service was managed. One person said, "I have been to the residents meetings, they are fairly useful." The new manager had started to hold residents and relatives meetings. The first meeting had discussed the purpose of holding the meetings. Information was shared with people and their families, such as recruitment of staff, activities, complaints and the food. People and relatives had the opportunity to discuss any improvements they felt needed to be addressed. These were clearly recorded in the minutes and action had been taken to address them. Comments about the quality of care were also collected by use of a suggestion box.

Staff were involved in how the service was run and improving it. Regular staff meetings now took place. These had been introduced to share information to ensure staff were up to date on people's needs. These reviewed the nursing care that was being provided to people to ensure it was effective, and people's health was improving. The meetings had a positive impact on the home because staff from different departments across the home worked as one team focused on doing the best job they could for the people who lived here.

The manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. This made them accessible to people and staff, and enabled him to observe care and practice to ensure it met the home's standards. The manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

Internal reporting of incidents had improved. The manager had identified that staff may have been under reporting incidents, and had discussed this with staff. As a result the internal reporting of incidents had increased, which enabled effective action to be taken to reduce the risk of a repeat issue.