

Bupa Care Homes (BNH) Limited

Clare House Care Home

Inspection report

Harefield Road
Uxbridge
Middlesex
UB8 1PP

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02 May 2017

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16 May 2017

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 ●

Summary of findings

Overall summary

Clare House Care Home is a nursing home for up to 40 older people. At the time of our inspection 31 people were living at the service. The home was divided into two units and people were cared for by qualified nurses and care assistants. Some people had complex nursing needs. The home is managed by Bupa Care Homes (BNH) Limited (BUPA), a national provider of care and nursing homes.

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 and associated Regulations about how the service is run.

At the last inspection on 2 June 2015, the service was rated Good.

This inspection took place on 2 May 2017 and we found the service remained Good.

People were happy with the care they received. They liked the staff and found them kind, caring and polite. We observed that the staff cared for people in a sensitive and compassionate way. Visitors and relatives of people who lived at the service were satisfied with the care people received.

The staff felt supported and enjoyed working at the service. They worked as a team.

People were administered medicines in a safe way, they lived in a safe and well-maintained environment and the risks they were exposed to had been assessed. There were enough staff to keep people safe and meet their needs. Staff recruitment procedures included checks on their suitability to work with vulnerable people.

People were able to make choices about their care and treatment and there was evidence they had consented to this. The staff had the training and support they needed to care for people in a suitable and safe way. People were able to make choices about the food they ate and were offered a varied and balanced diet. People's health needs were being met and they were able to access other healthcare professionals as needed.

People were supported to take part in a range of different activities which reflected their needs and interests. Their care was planned with them to make sure their wishes were identified and followed. People knew how to make complaints and most people were satisfied that any concerns they had were addressed.

There were systems for auditing the quality of the service and for listening to the views of the people who lived there and other stakeholders. Records were appropriately maintained. The provider's senior managers regularly visited the service and provided guidance and support.

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 remains Good.

There were procedures designed to keep people safe and protect them from abuse. The staff were aware of these.

People received their medicines as prescribed and in a safe way.

The risks people were exposed to had been assessed.

There were enough staff to keep people safe and to meet their needs.

There were suitable procedures for the recruitment of staff.

Is the service effective?

Good ●

The service remains Good.

People were cared for by staff who were appropriately trained and supported.

People had consented to their care and treatment. Where people did not have the capacity to consent the provider had acted in accordance with the requirements of the Mental Capacity Act 2005.

People's healthcare needs were met and they had access to the healthcare professionals they needed.

People were able to choose from a varied and balanced menu of food. Their nutritional needs were being met.

Is the service caring?

Good ●

The service remains Good.

People were cared for by staff who were kind, polite and caring.

People's privacy and dignity were respected.

Is the service responsive?

The service remains Good.

People's needs were appropriately assessed, planned for and met.

People were able to access a range of different social and leisure activities.

People knew how to make a complaint and felt that concerns were appropriately acted on.

Good ●

Is the service well-led?

The service remains Good.

There were systems to audit the quality of the service and to make improvements.

People who lived at the service, their representatives and staff were able to contribute their ideas and opinions about the running of the service.

Good ●

Clare House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 2 May 2017 and was unannounced. The inspection was a comprehensive inspection and was carried out by 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. The expert-by-experience supporting this inspection had personal experience of caring for people who used care services.

Before the inspection we looked at all the information we held about the service. This included the last inspection report and notifications of significant events and safeguarding alerts. The registered manager had completed a Provider Information Return (PIR) on 6 March 2017. The PIR 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.

The registered manager was on leave at the time of the inspection. During the inspection visit we spoke with seven people who lived at the service and four of their visitors. The regional support manager was managing the home in the registered manager's absence and we met with this person. We also spoke with the staff on duty who included nurses, care assistants, the activities coordinator, administrative and catering staff.

We looked at the care records for seven people, the recruitment, training and support records for six members of staff and other records used by the provider such as records of audits and quality checks, records of complaints and records of meetings. We looked at the environment. We looked at how medicines were being stored, administered and recorded. We observed how people were being cared for. The expert-by-experience joined people for their midday meal.

Is the service safe?

Our findings

People told us they felt safe at the service. One visitor said, "On balance I think [my partner] is safe here. I certainly don't think there is any abuse."

The provider had appropriate procedures regarding safeguarding vulnerable adults and whistle blowing. The staff had received training in these and understood the procedures. There was information about reporting abuse displayed within the home.

The staff had assessed individual risks, for example relating to people's physical and mental health, moving safely and any additional risks. These had been appropriately recorded along with information about how the person should be supported to minimise the likelihood of harm.

People received their medicines safely and as prescribed. People told us that the staff were prompt to administer pain relieving medicines when these were required. We saw that medicines were safely stored and records relating to these were accurate and well maintained. The staff responsible for administering medicines had their competency in this area checked annually. We witnessed the staff handling, administering and recording medicines and they followed appropriate procedures. Records of administration were accurate and up to date. The staff carried out daily tablet counts, weekly and monthly audits of medicines storage and supplies.

The environment was safely maintained. The staff carried out checks on health and safety of the environment and equipment. These were recorded and we saw that any faults were rectified. There was evidence of checks on fire safety and a clear fire risk assessment. The staff told us how they would respond in event of a fire and were aware of the fire procedure. People told us the environment was kept clean and we observed this to be the case on the day of our visit. However, one person told us that cups and trays of empty food were not always removed from their rooms in a timely manner and we saw an example of this in one person's bedroom where there were five empty cups on their bedside table.

There were enough staff deployed to keep people safe and to meet their needs. People did not have to wait for care. They told us that when they used the call bells staff came promptly. We saw that people were given assistance when needed. The staff were attentive and there were always staff available in different parts of the home.

The provider recruited staff in a safe way, ensuring checks on their suitability were carried out as part of the selection procedures. We saw evidence of formal interviews, checks on the staff identity and eligibility to work in the United Kingdom, references from previous employers and a completed application form with full employment history. The provider obtained checks from the Disclosure and Barring Service.

Is the service effective?

Our findings

The staff told us they had the induction, training and support they needed. They explained that they worked well as a team and communicated efficiently with each other. We observed this, seeing that the smooth running of the service ensured people's needs were met. There was evidence of an in-depth staff induction programme that included shadowing experienced members of staff and a range of training. A new member of staff we spoke with told us that all the staff had been very supportive and helpful when they started.

The provider ensured the staff undertook a range of training and monitored when updates were needed. There was evidence of regular team and individual meetings where the staff had opportunities to discuss their views. There were also annual appraisals for the staff. The staff confirmed that they were given opportunities to develop and learn new things.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider was working within the principles of the MCA and found they were. People's capacity had been assessed and there was clear information about their ability to make decisions regarding different aspects of their care. Where people had capacity they had been involved in planning their own care and their consent to this had been recorded. We saw that the staff offered people choices and gained consent before supporting them. Some people did not have the capacity to make decisions about their care and this was well documented. The provider had worked with families and other representatives to ensure that decisions were made in the person's best interests. There was information about this along with details of any legally appointed representative for each person. The provider had made appropriate DoLS applications where needed and there was information about these and any conditions associated with each authorisation.

The environment was suitably designed to meet people's needs, including differently landscaped areas of the garden which people could enjoy. There was also a roof top garden area which some people could access from their bedrooms. Some of the ground floor bedrooms had doors leading to the garden. Bedrooms had been personalised and people were encouraged to bring their own belongings and furniture. There were two communal lounges, one used as a library and the communal dining room. We saw people relaxing in these rooms. The building was well lit and appropriately decorated, although we observed that a number of the clocks told the wrong time, and this could be confusing for people. There were posters of information along corridors, including information and photographs about activities, thank you cards and a photographic board of all the staff who worked at the service.

People's health needs had been assessed and there were detailed care plans for individual needs. There was evidence the staff worked closely with other healthcare professionals and made referrals for support in a timely manner. There was a record of all healthcare consultations and any action from these had been included within care plans and risk assessments. Nursing staff were employed at the service and monitored

people's healthcare needs throughout the day and night. There were clear records of this and the staff had taken appropriate action when there had been a change in someone's health.

People's nutritional needs had been assessed. These assessments were regularly updated and where people had a specific need or were at nutritional risk there was a plan of care which the staff followed. People were regularly weighed and there was evidence of consultation with dietitians when needed. The catering staff had information about people's individual needs and preferences and had received training in texture modification and specialist diets.

The menu offered a variety of choices and most people were happy with the quality and choice of food. One person raised a concern that they had to make choices about the menu too far in advance, although the catering staff told us that people could change their minds and request alternatives when the food was served. One visitor told us their relative did not always eat a great deal and they would like the staff to offer more food at regular intervals.

Is the service caring?

Our findings

People told us the staff were kind and caring. They said they were polite. They told us they had good relationships with the staff. One person told us, "Everyone says 'hello' to you... If you want a cup of tea you just ask and they bring one." Another person said, "You can have a laugh and a joke with the carers." A third person told us, "They are very good, the carers, all the staff are very good." The staff supported people to maintain relationships with their families and friends. Visitors were welcome at any time and were able to be involved with providing care if this is what people wanted. We saw some visitors were invited to join people at meal times.

One person told us that when things went wrong the staff did not always apologise and they felt that this was poor. We observed that this particular issue had been discussed in staff supervision meetings when discussing communication. The staff had been reminded that they should offer an apology when someone was dissatisfied. We discussed the feedback we had received with the regional support manager who agreed to remind staff about this again.

We observed the staff caring for people in a kind way. The staff approached people in a gentle manner, speaking with them at eye level and taking time to listen to what people were telling them. They prioritised responding to people over other tasks and did not rush or dismiss anyone. People were given choices and the staff respected these. We witnessed an incident where one person was distressed. A staff member comforted and reassured them, using touch as well as words to offer this comfort. They stayed with the person to make sure they felt happier before they left them. The staff were respectful of people and took on board their comments promising to take any action people requested, for example speaking with the chef about a particular request. When the staff escorted people to their bedrooms or communal areas they made sure people had all they needed and were comfortable before they left them.

People told us their privacy and dignity were respected. We observed this to be the case. The staff knocked on doors before entering. They ensured people's clothes were appropriately adjusted to maintain their dignity. They explained what they were doing and asked for people's permission when supporting them. The staff used people's preferred names and spoke with them in a respectful manner.

Is the service responsive?

Our findings

People's needs had been assessed in partnership with them or their representatives. There were detailed care plans which were regularly reviewed and updated. These included clear information about how the staff should meet individual needs. There was evidence that care needs were monitored each day and that the staff followed the care plans. There were clear summaries of each person's care needs as a quick reference guide for the staff.

One person told us they did not always have the opportunity to get out of bed and have a shower when they wanted. We discussed this with the regional support manager and deputy manager. They told us they had recently undertaken an exercise to discuss people's shower and bathing preferences with each person. They told us they had tried to accommodate these and had tried to offer people showers and baths as often as they wanted and at a time they preferred. They agreed to discuss this with people again to make sure they were meeting everyone's needs.

One visitor told us that the staff did not always remember to meet some of their relative's needs. For example, they told us the staff sometimes forgot to reapply protective clothing and equipment after they had finished supporting the person with personal care. We discussed this with the regional support manager who agreed to remind the staff about this.

The provider employed activities coordinators who planned and provided a range of different social activities. They also offered people individual support, such as reading to them, providing massages and talking with them. There was a plan of group activities and clubs and people enjoyed participating in these. The provider had links with local colleges and students regularly helped provide different activities. Some people living at the home had enjoyed being part of a gardening project where they had planned and planted areas of the garden.

People knew how to make a complaint. Copies of the complaints procedure were available on display and in the service user guide in each person's room. One person told us that they had felt uncomfortable making a complaint and did not feel their concerns were taken seriously. We shared this feedback with the regional support manager so they could consider ways in which they could support people to feel more valued when raising concerns. Other people felt concerns were addressed and felt at ease discussing their concerns with staff. We looked at the provider's record of complaints and saw that they had taken action to investigate and address the formal complaints they had received.

Is the service well-led?

Our findings

People were happy living and working at the service and felt it was well managed. People felt able to speak with the manager and senior staff and felt there was an open and positive atmosphere.

There was evidence of regular meetings with people who lived at the service and their visitors where they were asked to contribute their ideas and opinions. There was also an annual survey. The most recent survey had been at the end of 2016 and showed people were generally happy with the service, in particular feeling safe and feeling the staff were kind.

The registered manager was relocating and leaving the service a short time after our inspection. The deputy manager had successfully been appointed as the manager. They were in the process of applying to be registered with the Care Quality Commission. 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.

In addition to the internal promotion of the deputy manager to the position of manager, one of the nurses had been promoted to deputy manager. The regional support manager told us the provider was good at giving staff opportunities for promotion and also learning new skills. For example, there was a project offering training and support to develop some of the senior health care assistants allowing them to take on additional responsibilities, such as administering medicines.

There were robust systems for monitoring the quality of the service. These included daily walk arounds by the manager, checks on health and safety, audits of records, medicines management and care plans. The registered manager was required to complete an analysis of accidents, incidents, hospital admissions, deaths, infections and any wounds and summarise these for the provider to check each month.

The registered manager attended meetings with the local authority and other providers to share good practice. The regional support manager told us they were initiating a project for activity coordinators to meet with those from other homes to discuss and share ideas.

The staff made appropriate notifications to the Care Quality Commission of any significant events.