Bupa Care Homes (ANS) Limited

Druid Stoke Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 08 April 2016 and was unannounced. The service was last fully inspected in July 2014 when there were breaches of the legal requirements of the legislation that was in place at that time.

Druid Stoke Residential and Nursing Home is registered to provide personal and nursing care for up to 60 people. The service is run from two buildings on the same site. On the day of the visit, there were 37 people at the home.

There was no registered manager although a new manager had been appointed and had been working at the home for the last four months. They have put in an application to be registered with us. 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.

There were not always enough staff on duty to provide individual care and support to people and to keep them safe. Specifically the numbers of staff providing care and support on the nursing side of the home did not meet people's full range of needs at all times. The new manager and the senior manager told us they had identified this as an area for improvement. An action plan was already in place to address a shortage of suitable staff.

Some care plans did not fully show how to meet people's range of care and nursing needs. This meant there was a risk that those people whose care plans were not complete may not have their needs properly met.

People told us they felt safe there and that staff treated them properly. They said that staff were never rude and were always courteous. Where risks to people were identified suitable actions were put in place to reduce the risk of people being harmed when receiving care. The risks of abuse to people were minimised as staff had been trained to understand what it was and how to report concerns.

There were positive and caring relationships between staff and people who lived in the home and this extended to relatives.

Where possible, people were involved in making decisions about how they were looked after. The provider had effective systems in place that helped ensure that staff obtained consent to care and treatment in line with legislation and guidance. When people did not have capacity to consent to their care needs were assessed in line with Mental Capacity Act 2005. Staff had completed Mental Capacity Act training. They knew about consent, people's rights to take risks and how to act in someone's best interests.

People told us that they were happy with the food and told us they were offered choices at each mealtimes. People were provided with a varied diet that suited their needs. There were regular one to one and group activities taking place in the home. People told us they enjoyed the entertainers who performed at the home regularly.

People were assisted by staff that were trained and developed in their work to improve and develop their skills. Nurses were able to go on training courses to help them know how to provide nursing care and clinical care based on current practice.

The new acting manager was providing clear leadership and had identified areas that needed improvement. The staff team told us they now felt well supported. The manager spoke positively about the challenges of their new role. Quality audits were effective and had identified the shortfalls in staffing levels on the nursing side of the home and the shortfalls in some care records. Actions were in place to address these areas.

You can see what action we have taken at the back of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

The staffing levels on the nursing side of the home were not always sufficient to meet people's full range of needs.

People felt safe with the staff that provided safe care and support to them.

Staff knew their responsibilities in relation to safeguarding people from harm and abuse.

People were given the medicines they needed at the right times. Medicines were stored and managed safely.

Risks to people's health and well-being were being properly managed.

Is the service effective?

Good

The service was effective

People were supported to have enough to eat and drink at times, of their choosing. When people were at risk of poor nutrition or dehydration action was taken.

People were supported with their health care needs. The staff liaised with GPs and healthcare professionals to ensure people had access to the services they required.

People were assisted with their care need by staff that were trained and had suitable knowledge and skills to provide effective support.

People were supported by staff who knew about the Mental Capacity Act 2005 and its implications for people in a care setting. The staff knew how to ensure they promoted people's freedom and protected their rights

Is the service caring?

Good

The service was caring

People were treated in a manner which maintained their dignity and was respectful.

People were complimentary in their views of staff who they said were kind and respectful.

People were assisted by staff who understood of their individual choices and preferences.

People were involved in decisions made about the care and support they received.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive

Some care records did not show how to meet people's full range of needs. This meant people's needs may not be met by staff if care records fail to show what support and actions are needed.

The staff team knew people's preferences, likes and dislikes, and care planned in a way that reflected these preferences.

People were able to take part in a variety of different activities. Entertainments were regularly put on which were popular with people.

Is the service well-led?

Good

The service was well led

The manager's quality audits had identified the shortfalls in staffing levels on the nursing side of the home and the shortfalls in some care records. Actions were being put in place to address these areas.

People told us they felt the home was now well run by the acting manager.

Staff felt there was a more open culture at the home and people said they felt able to raise any concerns and these would be dealt with properly.

Druid Stoke 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 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 08 April 2016 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit.The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR gave us information about how the service ensured it was safe, effective, caring, responsive and well-led.

We spoke with 22 people were who lived in the home, three relatives or friends who were visiting and nine members of staff These included the manager, a senior manager, registered nurses, care staff, domestic and catering staff.

We read the care records of four people, staff training records staff recruitment files, supervision records, staff duty rotas and a number of other records relating to the way the home was run.

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Requires Improvement

Is the service safe?

Our findings

One the day of our inspection there were not enough staff to meet people's daily care needs in a timely way. People who used the service told us "You ring the bell but there are long delays. They can't help it, they need more staff" also "When we get agency staff, they don't know what they're doing". People also told us "Staff do their best. They could do with some more staff. Sometimes you just wait too long". Another person said, "You're made to feel rushed. There is so much to do and not enough staff".

Relatives told us there were not enough staff to get things done on time. One relative said, "Staff are always rushing around". Other relative comments on staff shortages included, "They come in and do the basics, then rush off, so when I am here I go round tidying my Mum's room after them" and another said "they are so busy at times that I have seen them running". Another relative told us, "Mum waits till she needs help with toileting, then rings the call bell, sometimes she waits so long that she ends up wetting herself. This upsets her and it's not right". One visitor said that in the past, they had to wait for up to ten minutes after they had rung the doorbell for staff to open the front door. At 11am we observed three people awake but still in bed with one calling out for assistance. We discussed our observations with staff who told us that they just did not have time to get to the people still in bed. One staff told us they worked extra shifts because they did not want the people in their home to be looked after by agency staff who did not know them.

There was a range of staff including administrators, domestic, catering and maintenance staff. The manager explained that care staffing levels were based upon people's dependency needs. The staffing rotas showed the home had the number of staff the manager had set to meet people's needs and any staff absenteeism had been covered. On our inspection day, we noted that the manager had arranged for an additional member of staff to escort a person to hospital. The manager explained there had been a recent high number of staff changes and sickness.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe. To enter the home visitors had to ring the bell and wait for staff to open the door. One person said, "I feel safe here, the staff are good". Relatives told us people were safe. Comments included: "I have never seen staff do anything to give me concern."

The provider had a safeguarding policy and procedures in place. The manager reported all concerns of potential abuse to the local authority. All the staff we spoke with understood the need to ensure people in their care were protected from abuse. Staff we spoke with understood the different legislation used to protect people's rights and keep them safe.

There was a system in place to minimise the risks of abuse in the home. Staff were able to tell us what the different types of abuse were that could happen to people. The staff also knew how to report concerns about people at the home. The staff said they felt very able to see the registered manager if they were ever concerned for someone.

Staff told us they had attended training about safeguarding adults from abuse. Staff told us that safeguarding people was also discussed with them at staff meetings to make sure that they knew how to raise any concerns.

Staff understood what whistleblowing at work meant and how they would do this. Staff explained they were protected by law if they reported suspected wrongdoing at work and had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation's people could safely contact.

A copy of the provider's procedure for reporting abuse was displayed on a notice board in the home. The procedure was written in an easy to understand format to help to make it easy to use. There was also information from the local authority advising people how to safely report potential abuse.

There were systems in place to try and ensure that the risk of unsuitable staff being employed were minimised. There were references and a completed application form from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions. These were obtained before applicants were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

The provider explained in their PIR what they did to try and ensure that people were safe at the home: 'We have clear policies in place for safeguarding developed in line with 'no secrets'. All staff receive training on safeguarding as part mandatory induction training programme, which covers how to recognise and identify different types of abuse and procedures on how to report abuse both within the organisation through our 'Speak Up' policy and to the appropriate external bodies. The safeguarding policy is available within the home and this is supplemented by local protocols and procedures from the local safeguarding team'. The systems the provider told us about were all in place when we visited.

People's needs were assessed and risks identified in relation to their health and wellbeing. This included risks associated with moving and handling, falls, nutrition and skin pressure care. We noted that Druid Stoke was also part of a falls prevention project which meant the service was focussed on helping people to avoid harm from falling. Risk assessments were reviewed monthly. One person's falls risk assessment identified the need for closer observation and additional safety equipment.

Arrangements were in place to minimise risks from the environment and from the equipment used. For example, a fire safety risk assessment had been completed and appropriate contracts were in place with external companies to check fire fighting equipment and fire detection systems. Moving equipment such as hoists were regularly checked and maintained by appropriate contractors.

People received the correct amount of medicine at the right times. One person told us "Oh yes, I get the right medicines". The service used a mix of monitored dosage system and administering medicines from packages and bottles. Medication records included people's photographs and the medication administration records were complete and accurate. Registered nursing staff administered medicines in one part of the home and care staff trained in giving medicines gave medicine in the other part. The Registered nurse showed us the processes they followed to administer medicines.

Medicines were stored safely and the trolley was locked away inside a locked cupboard with the rest of the medicines. Medicines that need extra security were regularly monitored by staff and we saw accurate stock checks and remaining balances of medicines which had been administered. The service kept daily records

of the fridge and room temperatures to ensure medicines were stored safely. There were guidelines in place for people who had medicines prescribed to be taken as and when required. Staff were able to describe when 'take as required' medicine would be given, for example to help people manage their pain. Body maps were used to instruct staff where to apply creams and lotions. This helped to ensure people were given their medication correctly.

People were protected from the spread of infection. Care staff, housekeeping and laundry staff helped maintain a hygienic environment. Housekeeping staff had a colour coding system in place for their cleaning equipment. This reduced the spread of potential infection by making sure, for example, cleaning equipment used to clean toilets was not used to clean bedrooms and communal areas. Care staff and nurses wore protective plastic gloves and aprons when giving personal care so as to reduce the risks of cross contamination. The same took place when they helped people with their food.

Good

Is the service effective?

Our findings

People we spoke with were positive about how they were being supported at the home. One person told us "They are very kind and can't do enough for you. Another person had a positive view of the way they were assisted "Staff go that extra mile for me they do what I ask and are very attentive." Another person said "The staff here are all so polite and wonderful to be honest."

Staff were observed providing people with suitable support with their care. Staff used mobility aids in a safe way and talked to people they assisted. Staff made sure people were sat in a comfortable position before they had lunch. We also saw staff assisted people who were being cared for in bed. The staff spent time with people and encouraged them to eat and drink enough. Staff also checked on people regularly and helped them to be in a comfortable position. Records were also in place for when people were assisted to be moved so that their skin did not break down We observed that staff on the nursing side ensured charts were also completed to record any staff intervention with a person. For example, for recording when and how much people had eaten and how much fluid they had consumed.

Staff were knowledgeable about the needs of people they supported. The staff told us about people's preferences and daily routines. Staff also told us they were allocated a part of the home to work in. They said they then supported a smaller number of people with their care needs. Staff explained this helped them get to know people and what sort of care and assistance they needed. They also said caring for people in teams helped ensure they received an individualised service.

People were happy with the food and told us they were always offered choices at each mealtime. We saw that people could also be offered a glass of wine with their lunch. People told us "The food is excellent, it's like home cooking" another person said, "If I don't like it they always offer me something else."

When lunch was served, we saw how the atmosphere was quiet and relaxed in dining rooms and people were encouraged to eat their food. Tables were set with tablecloths. Specialist cutlery and plate guards were in place for those who needed them. This was to enable people to maintain some independence. Some people chose to eat in the lounge area in lounge chairs. People were encouraged by staff to eat their meals independently if they were able. The staff provided support where needed they sat next to people and helped them eat their meals discretely. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among themselves to ensure everyone had their meal in a timely way.

We saw menus were available in pictorial format and to help people make a choice from the meals to be served. We observed a choice of water and other soft drinks were available in the lounge and people were offered tea and coffee throughout the day.

There was information in the care records showing how to provide people with effective nutritional support. An assessment had been undertaken using a recognised assessment tool. This is a five-step screening tool to identify adults, who were malnourished, at risk of malnutrition or obesity. People's care plans clearly

showed how to assist them with their particular dietary needs. For example certain people needed a texturised diet and we saw this was provided for them.
The chef was aware of people's different nutritional needs and told us special diets were properly catered for. They said they were given information from staff when people required a specialised diet. Catering staff also kept nutritional records to show when people had any specialist needs or dietary requirements, for example, vegetarian, or diabetic needs The chef also understood that people who needed to increase weight should be offered a fortified diet with butter, cream and full fat milk as part of their diet.

The staff had been on Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 is a legal framework to support decisions to be made in the best interests of adults who do not have the capacity to make an informed decision. There was guidance available about the Deprivation of Liberty Safeguards Law (DoLS). This information helped staff if needed to ensure action was taken to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application. There were six DoLS applications in place on the day of our visit.

Peoples physical and health needs were properly monitored. A GP from the local surgery visited the home regularly and saw people when needed. Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. We saw a chiropodist came to the home to see people for appointments during our visit. We read in peoples care records when they had seen the Dentist we saw appointments were made for people when required.

People were cared for by suitably qualified, skilled and experienced staff. There was an effective system of staff supervision for monitoring the team's performance and their development. The staff told us they met with their named supervisor and other staff to review how they were performing. They also explained that at each meeting the needs of people were discussed with them.

Staff were provided with a thorough induction programme when they began working at the home. The induction programme included learning about different health and safety practises and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who said they had completed an induction programme and this had included working alongside experienced staff.

Training records showed there was regular training available for staff. Courses staff had been on included nutrition, wound care, and medicines management. This was to ensure they had the skills and knowledge to effectively meet people's needs.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and had a good relationship with the staff. Comments included; "The staff are very good" and "The staff are very helpful". A relative told us "she's really happy here" and another said "Mum's looked after here".

Throughout our inspection we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff spoke with people whilst providing care or assisting them with their meal.

On the nursing side people spend most of their time in their room. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Staff support people in choosing where they wanted to go and one staff told us "All residents are different, so you have to ask them what they want."

One person told us "It's lovely here, I choose what I want to eat". However we noticed that nearly everyone on the nursing side was given a beaker with a lid on for their drinks. This could compromise people's dignity as some people did not require a beaker for physical reasons to drink from. We also saw people sat in their wheelchairs in the nursing lounge when next to them were soft furnishings for them to use.

The rooms were for one person to occupy. This meant that people were able to spend time in private if they wished to. The bedrooms we viewed had been personalised with some of the person's belongings. We saw people were able to bring photos and small items of furniture in to them to look more homely. There was also small lounge where we saw some people chose to meet with visitors.

People's dignity and privacy were respected. We saw staff knocking on bedroom doors before entering people's rooms. Where staff were providing personal care people's doors were closed and these actions promoted their dignity. We saw how staff spoke to people with respect using the person's preferred name.

When staff spoke about people to us or amongst themselves they were respectful in what was said. Throughout the day we saw people were appropriately dressed, their hair brushed and looked cared for. One person told us about staff respecting their privacy. They said "oh yes they do knock when coming into my room". Staff we spoke with could describe and give examples of how they treated people with respect. One staff said, "I always make sure people are covered over after a shower."

The provider told us in the PIR about the checks in place to ensure that people receive a caring service: 'The manager visits all areas of the home on a daily basis and monitor that all residents are being treated with kindness and compassion and dignity is respected. The area manager and quality manager visit each month to monitor the service particularly focusing on person-centred care and they talk to people about the care they receive'. We found that these systems were in place when we visited. This helped to show that the provider had systems in place to help to ensure that the service was caring.

Requires Improvement

Is the service responsive?

Our findings

In the nursing part of the home, two care records were incomplete or inaccurate. One staff told us "to be honest, I don't have time to look at the care plans." We saw one care plan that was left incomplete for a person who was recently admitted and a care plan where a change to care was made but the care staff were carrying out the same care which they were doing before the changes were made.

There was little relative involvement in discussing and agreeing how staff should provide support and care to people in the home. One relative told us "I am never asked or informed of any changes" whilst another relative said "I am not consulted by the home because maybe other members of the family are told."

People's needs were assessed prior to admission to the service to ensure their needs could be met. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's interests, hobbies and religious needs. Care plans were detailed, personalised, and were reviewed regularly. People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, where people had cream charts to record the application of topical creams applied, a body map was in use to inform staff where the cream should be applied.

We noticed that the lounges were empty most of the morning so we saw little evidence of communal conversations between people living in the home. However, there was a regular flow of relatives visiting. There were some social activities provided in one part of the home but we saw no activities organised for the nursing side. Details of daily activities were displayed on a notice board and we saw activities timetables in peoples' rooms.

People knew how to raise concerns and were confident action would be taken to address them. One person said "If I was not happy I would tell the carer and she would advise me" and another said "apart from my relative, I would talk to the nurse". Staff told us they would assist people to complain. One staff said "I would listen to them and ask if they wanted to speak to me or see if they would like me to take it to the manager". The complaints policy was displayed and contained guidance for people on how to complain. We looked at the complaints folder and saw complaints had been dealt with promptly in line with the service's policy.

The provider explained in their PIR how the views of people were sought about the service: 'We conduct an annual survey to help us listen to what relatives and people feel about the quality of our service. This helps us to understand specifically how residents feel about their care, treatment and support, how individualised their care is, how much choice they feel they have in their care and how they are involved. Following this survey any improvement actions will be included in the homes improvement plan '. We found that the actions that the provider told us about were being put into followed when we visited.

Good

Is the service well-led?

Our findings

The manager was open and accessible in their approach with people who used the service and the staff. We saw the manager spend time with people who used the service and with the staff during our inspection. They offered people and staff assistance and support and made plenty of time for them. Both of the managers demonstrated an open and transparent approach. They clearly explained to us how they were addressing shortfalls in the service. They told us their own audits checks had also formally picked up the need for more staff on the nursing side of the home.

The manager said that new staff were now recruited and they were in the process of reviewing the numbers of staff on duty each day. The senior manager was clear to us in discussion that staff levels would be increased whenever it was needed.

The manager was able to keep up to date with current matters that related to care for older people by going to meetings with other professionals who also worked in social care. The staff told us the manager shared information and learning from with the staff team at staff meetings We also saw that they read online articles and journals about health and social care matters and put useful information on display for staff to read about.

Staff meetings were held regularly. Staff told us they felt able to make their views known to the manager. We saw records of recent minutes of staff meetings. These were used as an opportunity to keep staff informed about changes and about how the home was run. Staff were also given plenty of time to express their views. This showed there was an open management culture.

The quality of service and overall experience of life at the home was being properly monitored. Areas regularly checked included the quality of care planning processes, management of medicines, staffing levels and training. Where shortfalls were identified we saw the managers had devised an action plan to address them.

The provider explained in their PIR that: 'audits are under constant review to ensure they continue to be fit for purpose and the most appropriate method for measuring management performance and provision of safe, effective care in an environment appropriate to the needs of our residents. Any deficiencies identified in our audit process are recorded and an action plan with target dates for completion, action plans are revisited monthly as part of the re auditing process'.

Accidents and incidents which involved people living at the home were and analysed and learning took place. For example we read about one person who had a number of falls. We saw guidance was sought from other health and social care professionals to offer the person specialist advice. The manager told us how learning took place from this and when any trends and patterns were identified, action was taken to reduce the risk of re-occurrence. There was sensor equipment in place for people who fell more frequently. This was to alert staff if people moved without assistance when they were at risk of having a fall.

The staff had an understanding of the provider's visions and values. They knew they included being person centred in their approach with people, supporting independence and respecting diversity. The staff told us they tried to ensure they used and followed these values when they supported people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured staffing levels were sufficient to provide safe and person centred care to people at all times.