M D Homes

Eastbury Nursing Home

Inspection report

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Date of inspection visit:
28 February 2017

Date of publication:
06 April 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

This inspection took place on 28 February 2017 and was unannounced. The last inspection of the service was in January 2016 when we found two breaches of the regulations. The provider sent us an action plan in February 2016 and said they had already taken action to address the issues we identified. We found at this inspection that the provider had made improvements in the areas we identified at our last inspection. They had reviewed care planning systems in the service and provided dignity training for care staff.

Eastbury Nursing Home is a care home with nursing for up to 20 people who have mental health needs. Some people also had additional physical needs or learning disabilities. At the time of this inspection, 18 people were using the service, although one person was in hospital on the day we visited.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider appointed a new manager in January 2017 and they told us they would begin the process to apply for registration with CQC.

People were safe because the provider and staff operated systems to protect them from abuse. The provider also assessed risks to people using the service and gave staff clear guidance on how to manage risks they identified. We have made a recommendation that the provider should review their safeguarding policy and procedures to include the latest guidance.

There were enough staff to meet people's care needs and the provider carried out checks on new staff before they started to work in the service. Staff had the training they needed to care for and support people using the service.

We saw no examples of people being deprived of their liberty unlawfully.

Staff ensured people had access to the health care services they needed and people received the medicines they needed safely.

People told us they enjoyed the food provided in the service.

Some parts of the service were in need of refurbishment and redecoration.

People using the service told us staff were caring and treated them with respect and people were able to choose where they spent their time.

People's health and personal care needs were recorded in their care plans with guidance for staff on the support they needed. People's care records also included their social care needs and the provider arranged

appropriate activities.

The provider recorded and responded to complaints from people using the service and others.

The atmosphere in the service was open, welcoming and inclusive.

The provider had appointed a qualified and experienced manager to oversee the day to day operation of the service.

The provider had systems in place to monitor quality in the service and make improvements.

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.

People were safe because the provider and staff operated systems to protect them from abuse.

The provider assessed risks to people using the service and gave staff clear guidance on how to manage risks they identified.

People received the medicines they needed safely.

There were enough staff to meet people's care needs and the provider carried out checks on new staff before they started to work in the service.

Is the service effective?

Good

The service was effective.

Staff had the training they needed to care for and support people using the service.

We saw no examples of people being deprived of their liberty unlawfully.

Staff ensured people had access to the health care services they needed.

People told us they enjoyed the food provided in the service.

Some parts of the service were in need of refurbishment and redecoration.

Is the service caring?

Good

The service was caring.

People using the service told us staff were caring and treated them with respect.

People were able to choose where they spent their time.

Is the service responsive?

Good

The service was responsive.

People's care records included their social care needs and the provider arranged appropriate activities.

The provider recorded and responded to complaints from people using the service and others.

People's health and personal care needs were recorded in their care plans with guidance for staff on the support they needed.

Is the service well-led?

Good

The service was well led.

The atmosphere in the service was open, welcoming and inclusive.

The provider had appointed a qualified and experienced manager to oversee the day to day operation of the service.

The provider had systems in place to monitor quality in the service and make improvements.

Eastbury Nursing 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.

This inspection took place on 28 February 2017 and was unannounced.

The inspection team consisted of two inspectors 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 for this inspection had experience of caring for a family member living with the experience of dementia.

Before this inspection we reviewed the information we held about the service. This included the last inspection report, the provider's action plan and statutory notifications the provider sent to us about significant events and incidents that affected people using the service.

During the inspection we spoke with 13 people using the service. We also spoke with the manager and four staff, including nursing and care staff. We looked at the care records for three people using the service, including their care plans, risk assessments and medicines management records. We also looked at the staff recruitment, training and supervision records for four staff working in the service. Other records we looked at included accident and incident reports, health and safety records, staff rotas and audits and checks carried out by the provider to monitor quality in the service and make improvements.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. Their comments included, "I know I am safe here," "The staff make me feel safe," "I know the staff would not let anything happen to me" and "The staff know what I want and at night the staff help me a lot so I know I am safe." When we asked staff what they would do if they had concerns about a person using the service, their comments included, "Report to the manager. Report to CQC or the Safeguarding Team in the local authority," "Report information and document it in the daily records and we have accident and incident reports. I would then go to the social worker, GP and relatives" and "I would report it to the nurse in charge and inform the manager. Inform the Care Quality Commission and the police."

The provider had systems in place to keep people safe but these were not always up to date. We saw the provider updated their safeguarding policy and procedures in November 2015 and this included information for staff on what constituted abuse and the actions they should take if they believed a person using the service was subjected to abuse. However, the procedure did not refer to the Care Quality Commission (CQC) or pan-London guidance on safeguarding people who used services.

We recommend that the provider reviews and updates their safeguarding policy in line with current guidance and best practise.

There were enough staff to care for and support people safely during the inspection but staff told us the service sometimes did not have enough staff on a shift. Their comments included, "Staffing problem lately with sickness. We're managing. Quite a bit of sickness and compassionate. On the whole it's all okay" and "Every day someone is sick, but we manage."

The staff rota showed there were four carers and a nurse on duty each morning, three carers and a nurse in the afternoon and evening and one carer and one nurse on duty at night. Staff told us extra staff were provided in the morning to support people getting up and with their personal care. The manager also told us that, in recent months, there have been a number of occasions when staff had rung in sick ten minutes before their shift began, which made it difficult to cover. In response, the manager had implemented a sickness form to discuss sickness absence with staff when they returned to work. On the day of the inspection, the service was short staffed and a member of staff from another of the provider's services came to cover the shift. The manager told us they managed two services for the provider and that they planned to manage cover by using staff across both of the services.

Staff told us that in addition to their roles as care assistants, they supported staff in the kitchen and laundry, which some felt detracted from their main role of providing care and support to people using the service. The manager told us that they were planning to hire a kitchen assistant as an additional member of staff and that the provider was considering using an external company for the laundry. We saw evidence that the provider and manager had discussed these plans with staff, people using the service and their relatives.

The provider carried out checks to ensure staff were suitable to work with people using the service. The staff

files we reviewed included application forms, interview records, references including one previous work reference, proof of identity and confirmation of permission to work in the UK, terms and conditions and Disclosure and Barring Service criminal records checks

When we asked staff how they kept people safe, they told us through training, half hourly observation charts, bed rails, using the right equipment such as a hoist and making sure equipment was safe to use, One staff member said, "One person is bedbound. We have to check he is safe regarding the bed rails and call bells."

Staff we spoke with had completed training in safeguarding, most knew how to identify abuse, what action to take and who to inform if they had a concern. However, one staff member, when given the scenario of witnessing another staff member abusing a person, required prompting on how to manage the situation. We discussed this with the manager who said they would address it with the staff member.

People received the medicines they needed safely. Medicines were stored securely and the provider had developed protocols for the administration of PRN ('as required') medicines. The Medicines Administration Record (MAR) sheets we saw were up to date and well completed, with no errors or omissions. Controlled medicines were securely stored and two staff signed the record when they administered these. The nurse in charge completed daily checks of the medicines trolley, controlled medicines and the balance of each person's medicines.

The provider had completed medicines management competency testing for all staff who administered medicines in 2016. The manager also told us they were currently creating more detailed competency testing forms and would introduce these for use in the service.

The provider assessed risks to people using the service and gave staff clear guidance on how to manage risks they identified. People's care plans included assessments of possible risks, including pressure care, moving and handling, nutrition, use of a wheelchair, choking and the use of bed rails at night. We spoke with staff about one person who did not have a call bell in their room. A member of staff told us, "She was in danger of self-harming with the call bell lead but everyone knows to check on them regularly to ensure they are ok."

Staff we spoke with knew about infection control and said it was discussed in the morning handover. They told us, "We have proper equipment and wash hands before and after a task. We have a handover with the staff nurse in the morning (and any issues are raised there)" and "As a health worker I use protective clothing and hand washing.

We saw the provider maintained a daily record of food hygiene monitoring and food storage temperatures. Staff recorded daily kitchen cleaning and the manager audited these records each month to ensure checks were completed. The provider also carried out regular health and safety checks and ensured that equipment used in the service was serviced and maintained. They carried out and recorded weekly tests of the fire alarm system. Fire safety equipment was serviced in January 2016 and the aid call system was serviced in May 2016. This showed the provider operated systems to keep people safe.

Good

Is the service effective?

Our findings

People using the service were very positive about the staff and the care they received from them. One person said "The staff really care for me, it's like being looked after by your mates". They went on to say they had, over the time they had lived at the home, lost most of their sight and said, "It was like being out at sea and not being able to see the islands, but the staff really helped me and I can move about on my own a bit now." Other comments included, "The girls do my nails sometimes because they know I like that and they help me put my makeup on," "The staff seem very well trained and they do the very best they can for me" and "I am confident they can meet my needs."

Staff had the training and support they needed to care for and support people effectively. The manager told us they were discussing training with the provider and planned to have more face to face training, rather than on line e-learning. Staff files included a record of induction and completed Common Induction Standards workbooks. The service had an up to date training matrix and the manager also told us they planned to start using a traffic light system to indicate who had completed training, who was due for training and who was overdue. The manager also told us the provider had introduced Care Certificate training for all new staff working in the service. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Training considered mandatory by the provider included fire safety, food hygiene, moving and handling, health and safety, infection control, dementia, first aid, control of substances hazardous to health (COSHH), abuse, Mental Capacity Act, challenging behaviour and personal care. The records showed that four staff had not completed medicines training but we saw this was scheduled as all were new staff.

Staff told us they were able to complete the training they needed to care for and support people using the service. They told us they undertook safeguarding training annually and there were a number of optional courses such as dementia. Their comments included, "We do face to face (training) and have DVDs for a good catch up. Very useful. Dementia was interesting. Really lovely to know how you can approach people," "They always ask if we need training," "During the training I learned you have to be extra patient," "First they tell you the role. I did basic training for three days" and "At first I did shadowing the first week and got used to it (the service)."

The service had a supervision and appraisal matrix to indicate when supervisions had taken place. Staff said they had supervision about every six months and commented, "If there is anything we want to talk about we can" and "Useful. If you are having shortfalls she (line manager) will tell you."

Records showed staff had regular supervision with a senior member of staff and an annual appraisal. However, some supervision records only discussed one topic. Other supervision records had lengthier agendas and notes but were a list of directions for the staff member under each agenda item, with no evidence of staff input.

The deputy manager also provided clinical supervision for nursing staff. Both the manager and deputy manager were qualified nurses who were professionally registered with the Nursing and Midwifery Council (NMC). The manager told us that when they started in the service in January 2017, they had met with all staff individually but had not yet started to supervise staff. They also said they were doing regular observations of staff carrying out their duties, although they were not keeping a written record of these.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that, where people were deprived of their liberty to keep them safe, the manager applied to the local authority for authorisation and was aware of the need to inform the Care Quality Commission when this was granted. During the inspection we saw no examples of people being deprived of their liberty unlawfully.

When people did not have the capacity to make decisions about their care and treatment we saw the provider worked with their relatives and health and social care professionals to make sure capacity assessments were completed and decisions were agreed in the person's best interests. For example, where people needed constant supervision to ensure their safety, staff recorded this in their care plans.

Staff we spoke with had training on the Mental Capacity Act (2005) and told us, "If (people are) deemed to have capacity we have to accept that and also that they can make wrong choices and we have to accept that. DoLS are put in place as to what they can and can't do for their best interest" and "We know the patients that have mental capacity. We had to go around to the rooms to ask them if they wanted to get a flu jab. Let them know what's happening and if they agree. It's down to them."

People told us their healthcare needs were met in the service. Their comments included, "I can see a doctor if I want to and I think the doctor pops in regularly," "My health has really improved since I have been here and that is because of the care I have received" and "I have been poorly recently and they got the doctor for me really quickly and now I am getting better."

People's care records included information about their physical and mental health care needs. The information was up to date and there was evidence the provider worked with health care professionals to meet people's identified needs. For example, healthcare professionals who visited the service included the diabetic nurse, speech and language therapist, GP, dietician, physiotherapist, occupational therapist and social worker.

When we asked staff what they would do if they felt a person's health care needs were changing, they told us they would, "Ring the staff nurse and she will do the usual observations and if need be go to the hospital," "If we notice anything different, we report it to the nurse in charge and she will do her checks" and "All (people using the service) have a care plan which we all adhere to and if anything changes we report back. If a person is not well, we tell a nurse and write it in the daily report."

People's care records included information for staff about their nutritional needs and food and drink

preferences. When we asked staff how they monitored people's individual food and drink needs, they told us through observations and charts such as fluid intake. People's care records included monitoring charts and we saw staff completed these consistently.

People told us they enjoyed the food in the service. Their comments included, "The food is lovely and there is always a choice," "I don't like chicken and they make sure I do not get it on my plate" and "The meals are always nice and if I change my mind I can always have something else like a sandwich". The chef explained that there was a four week revolving menu and we saw there were very clear notes about people's likes / dislikes and allergies. They also explained that they would happily cook an omelette or make something as an alternative to what was on offer, if asked. They also explained that the policy of the home was not to buy pork products but if a person brought items containing pork he would be happy to cook it for them.

Good

Is the service caring?

Our findings

People using the service told us staff were caring and treated them with respect. Their comments included, "The girls treat me well and do not rush me" and "The staff always ask me if it is ok to do something like move my legs". We saw members of staff knocking on people's doors and waiting to be allowed access to the room, which showed that they had an awareness of privacy. We also witnessed conversations between people and staff which were very comfortable and informal but at the same time confirmed the respect the staff had for people.

People also told us they were able to have visitors to the service. Their comments included, "I can have friends or relatives here whenever I want to," "My [relative] visits whenever he wants to and the staff do not mind," "My family come and see me and my friends take me out sometimes – it is never a problem" and "My family come in whenever they like."

When we asked staff what was important to consider when caring for a person, their responses included, "Communicate with them. Tell them what you are doing. They all like to chat," "When they come to our care, we use our observation skills especially for those who don't talk and the relatives add some information," "At every handover let all staff know changes," "Whatever you want to do, you have to tell and explain," "The carer's behaviour is important to show them you are acting in their best interests and to make them happy" and "Always have to communicate with the resident. Always tell them what you're doing. Ask them if they are ready for personal care. As you go along explain. If they refuse, go away and come back and ask again."

Staff we spoke with said they read people's care plans, asked them what they would like and treated people as individuals to make choices about their care and support. Comments from staff included, "Note their dislikes. Care plans are updated monthly. Discuss at handover if there are any changes," "We meet different people with (different) behaviours and diagnoses and we treat them accordingly. For example, (Person) is diabetic and (another person) experiences dementia." One care assistant explained there was a person who sometimes refused their meal. In this case, the meal was taken back to the kitchen and the person was offered it again later.

When they supported people with their personal care, staff told us, "I usually go in and say good morning. Ask their permission – they might want it later. Ask, 'Would you like a bath? Would you like perfume?' All have their little preferences," "(Person) is blind but she can feel her clothes. She asks what colour and you tell her," "Caring works very well. They (staff) are very good with the residents. Good at looking after them. Good with interacting with them" and "It's our responsibility to look after people well."

Good

Is the service responsive?

Our findings

The provider assessed and recorded people's care needs. The care records we looked at included assessments of people's health and social care needs and guidance for staff on how to meet assessed needs. People's care plans covered health care, communication, behaviour, family contact, activities, mobility, finances, religion and nutrition. Staff reviewed each care plan area monthly so that they had up to date information and guidance about how to meet people's care needs. We saw that staff recorded the care they gave each person every day and this was in line with their care plan.

Information about things that were important to the person was recorded. Staff we spoke with knew about people's preferences, they also knew about people's cultural and religious needs and respected these. For example, staff gave the example of person who they supported to attend their religious place of worship when they wanted to and ensured the person had the opportunity to have food from their specific culture. In terms of meeting people's specific needs, including their religious and cultural needs, staff told us, "I get to know people's personal interests. Everybody is different" and "One [person] will only have a male carer and this is accommodated."

The provider arranged a programme of daily activities and this was displayed in the main lounge / dining room of the service. People told us, "The staff bring me a paper every morning and always ask if I want to go to the lounge or stay in my room and then I choose" and "I used to be able to help in the garden and I would love to be allowed to grow herbs for the kitchen like I did some time ago." This person added that they "Thought they would speak to the manager about it and see what she thought." Another person told us that from time to time people went on a pub outing which was very popular. The manager also told us they were trying to organise outings using the provider's mini bus.

One person told us they liked colouring and we saw a member of staff go through a colouring book with her and help her to select a picture to colour. The member of staff then promised to come back and see how the colouring was going, which they did later in the day. We also saw a member of staff playing a game of Bingo with three people. The activity was very relaxed and all three people enjoyed it. The winner was able to choose a prize from a selection of toiletries. During the afternoon a member of staff also spent time with individuals carrying out hand massages and manicures which they also enjoyed.

Staff had differing opinions on the amount and quality of activities. Their comments included, "We could do with a little more activity. It's poor because people get into an institutional state. The carers are very good. They go out (with people using the service) and make life a little bit more interesting" and "We have an activity board but sometimes it changes. Some people like bingo, music cards – we have so many activities. People enjoy bingo and colouring." Currently a person comes to the service up to three times a week to support staff with activities. Staff told us if the activity person was not there, staff were expected to organise activities and there was not always the time to do this. However, the manager told us the service was in the process of recruiting an activities co-ordinator and we saw evidence this had been discussed with people, their relatives and staff.

The provider had systems in place to respond to complaints from people using the service or others. People told us, "I know who to talk to if I needed to complain like the team leader or the manager and I am sure they would listen to me," "I would not be afraid to speak up if something was wrong" and "I know the staff would listen to me if I had a complaint and I would have no problems talking to them if I had to."

We asked staff if they were aware of the complaints procedure and how they might support someone who wanted to make a complaint. Staff told us they would, "Go to the manager first and explain what the person wasn't happy about" and "I would inform the RGN the person had something to say."

The provider arranged meetings for people using the service, their relatives and staff to get their views on the care and support people received. Three people attended a meeting for people using the service in February 2017. They said they would like more activities and outings and the manager explained they would arrange these. People also said the staff were good and the food was also good but there was room for improvement.

The last relatives' meeting was in February 2017 where the manager explained her plans to recruit a kitchen assistant and activities coordinator, develop new menus, arrange more outings and redecorate people's bedrooms. The record showed people's relatives were happy with the staff and included a letter of appreciation from a relative who was unable to attend.

The provider also held meetings for staff in October and November 2016 and February 2017 where the manager explained plans to improve standards, including the appointment of a new training company to provide qualification training for staff.

Good

Is the service well-led?

Our findings

The service had a manager who the provider appointed in January 2017. They told us they were a qualified nurse in their own country and had worked in the UK as a care worker and senior care worker from 2008 – 2011 when they were registered by the Nursing and Midwifery Council (NMC) to practice as a nurse. The manager told us they planned to apply for registration with the Care Quality Commission. They also said they kept up to date with developments in adult social care by completing all of the provider's mandatory training and attending conferences and events for providers and managers. The manager told us, "I feel this home is hibernating. I want change. I need to step back and give time to every member of staff to get used to it," (The service is) "Very homely and the residents are very happy. No complaints but it needs a bit of refreshing," "We have a good staff team" and "The team is great. They are hard working."

Staff were still getting to know the new manager and told us she was spending a great deal of time in the office organising paperwork, but overall comments were positive and staff said they would be able to talk to her. One staff member also noted, "The new manager has started improvements." Staff we spoke with also said they could also speak with the deputy manager. Two members of staff said they "Loved working here" and "Enjoyed caring for the residents."

Throughout our inspection, the atmosphere in the service was open, welcoming and inclusive. Managers, nurses and care staff spoke to people in a kind and friendly way and we saw many positive interactions between staff and people using the service.

The provider had systems to monitor quality in the service and to make improvements. They recorded accidents and incidents that involved people using the service and the manager or deputy manager saw and signed these off. Where they needed to take action, the provider addressed the issues and recorded these. For example, they referred one person to the GP for a review of their night-time medication, following a fall.

We also saw the provider, registered manager and staff carried out a number of audits and checks to monitor the day to day running of the service. The manager told us they would introduce a new audit form following this inspection to monitor people's care plans, medicines management and the environment. Nurses in the service also audited five people's medicines each week. We also saw audits of the monthly cleaning schedule and records of daily cleaning tasks staff completed. Where the audits identified areas that the provider needed to address, they took action. For example, audits had identified the need to improve care planning in the service and the manager told us this would be their priority.