

Bupa Care Homes (AKW) Limited

Erskine Hall Care Home

Inspection report

Watford Road
Northwood
Middlesex
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Tel: 01923842702

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: • Erskine Hall Care Home provides accommodation and personal care, including nursing care, to older people. The care home accommodates up to 80 people in one adapted building. At the time of the inspection 47 people were living there. This was because the home was ongoing refurbishment so not all of the bedrooms could be occupied.

People's experience of using this service:

- Since our last inspection the service had made improvements. However, there were still areas that required improvement.
- People liked living at the service and got on well with staff who knew them well.
- People were able to choose how to spend their time and were encouraged to make decisions about their care. However, these were not always clearly documented in relation to people's capacity to make informed decisions.
- People told us they had enough to do and enjoyed the activities available.
- People told us were supported by enough staff and told us they felt their needs were met.
- People did not have individual risk assessments in many cases. As a result, there was a potential for unsafe care to be delivered.
- The provider had systems in place to provide good quality care and ensure staff were trained.
- The registered manager had started just shortly before the last inspection and people and staff were positive about them. They told us that he had made a difference to the home.
- The service met the characteristics for a rating of "Requires improvement" in four key questions and met the characteristics for a rating "Good" in one key question.
- More information about our inspection findings is in the full report.

Rating at last inspection: At our last inspection the service was rated as requires improvement.

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of our previously published inspection report.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure it provides safe and effective care. We will plan further inspections in the future.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not consistently responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Erskine Hall Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- The inspection was carried out by 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.

Service and service type:

- Erskine Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- The site visit took place on 2 April 2019.
- The inspection was unannounced.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.

- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with the registered manager, another of the providers managers from a different location and eight staff members.
- We spoke with seven people who used the service and four friends and relatives.
- We reviewed five people's care records, medicines administration records and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People did not always have individual risk assessments. Staff were not always aware of individual risks and as a result may not have always been working safely. For example, one person was assessed by the speech and language team (SALT) as needing a pureed diet and was at risk of choking. There was no clear plan for the person's needs, what level of consistency the person needed food and drink, and three different staff members gave different answers in response to the person's dietary needs. A member of staff supporting the person did not know if they were at risk of choking. Following our feedback to the registered manager, control measures were put into place.
- Risk assessments were not in place for elements of supporting people with their mobility or oxygen safety. Although nurses administered the oxygen, care staff had not received safety advice information in relation to supporting people receiving oxygen therapy. Following our feedback, the registered manager immediately had plans amended and resourced information to circulate through the staff team.
- Some people with bedrails in place did not have protective bumpers in place. Bed rail assessments stated that bumpers should be and were in place. We asked the registered manager about this and they told us they were waiting for the bumpers to be purchased and delivered. However, they acknowledged that records did not accurately reflect the situation or reduce risk. One person had bumpers put into place following our feedback.
- People had their individual evacuation needs assessed and this information was displayed in a way that staff understood. Staff knew how to evacuate people in an emergency. Fire drills were practised. However, we asked the registered manager to ensure they reviewed their drill log as some staff had they had not attended a drill. In addition, there was no emergency 'grab bag' facility to ensure that staff could access important information about people if the building needed to be evacuated.
- Accidents and incidents were reviewed and remedial action taken as needed. This was reviewed by the registered manager to identify themes and trends.

Using medicines safely

- People's medicines were not consistently administered, stored and recorded safely.
- Regular checks and audits were completed but these did not always identify the issues found on inspection. Not all the medicines checked during the inspection were accurate, this included quantities of at least two medicines and the record keeping of others.
- There had been incidents in relation to missed medicines. As a result, staff had received competency checks and training refreshers and staff attended a meeting about these issues. These issues had been reported appropriately.

Due to concerns found in relation to risks to people's safety and management of medicines, this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection on 23 November 2017 we found that concerns in relation to safeguarding had not been reported or responded to appropriately. At this inspection we found that these concerns had been addressed.
- People told us they felt safe and knew who to speak to if they had any concerns. One person said, " Yes, (I feel safe). It's the surroundings, the people here, there's always someone to talk to. Relatives told us they felt people were safe.
- Staff had received training in regard to safeguarding people from abuse and there was information displayed around the home. Staff knew how to report any concerns they had.
- The registered manager had reported any concerns appropriately. This information had been shared with the staff team and the importance of being open and transparent was promoted by the management team.
- Staff told us that the registered manager regularly went around the home checking for any issues and making sure people were ok.

Staffing and recruitment

- People told us that there were enough staff to support them and respond to their requests for support. Some people told us at busy times more staff were needed. People told us that agency staff were not always as patient as permanent staff. Relatives also told us there was enough staff. Staff gave mixed views about staffing, in particular about the pressures of working in the afternoon shift when staff numbers reduced and the same level of care was needed.
- Throughout the inspection we saw people received support when they requested it. There was a staff member available when people needed them.
- Recruitment files included all relevant information to help the registered manager make good decisions about the staff they employed.

Preventing and controlling infection

- Systems were in place to ensure infection control was sufficiently managed.
- People were protected from the risk of infections, staff received training and followed guidance. There was thorough cleaning ongoing during the day of inspection.
- The home smelt clean and fresh on arrival and throughout the visit.

Learning lessons when things go wrong

- Where an issue had arisen or an event had taken place, this was shared with staff at team meetings, supervisions and through memos and any actions needed explained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were encouraged to make their own choices and decisions. However, they did not always have their capacity assessed in relation to important decisions about their care and their ability to understand the risk related to unwise decisions. Staff assumed people had capacity and gave them choices to take risks. As a result, best interest decisions were not recorded. For example, in relation to eating and drinking and using mobility aids where there was a known risk to people. This meant the service placed themselves in a difficult position and people were potentially at risk of harm as the correct process had not been followed in all cases.
- DoLS applications were made appropriately to ensure people's rights were respected while promoting their welfare.

Supporting people to eat and drink enough to maintain a balanced diet

- People gave mixed views about the food, most told us it was good. Some made comments about the soup not always being as good as it could be. We saw that the food looked appetising and smelt good. There was a good choice for people to choose from. Staff told us menu choice was taken the previous day but the choice was checked at the mealtime in case they had changed their mind and people can also choose off menu and the kitchen tries to accommodate this. We saw this to be the case.
- Tables were set nicely and on two of the three floors the lunch service ran smoothly and people received

their meal in a timely fashion. However, on one floor the routine did not run smoothly or swiftly and people were left waiting.

- People were supported if they needed assistance to eat. Allergies, dietary needs and weight changes were shared with the kitchen staff. However, the folder in the kitchen was not up to date to include new admissions. The chef told us that they liaised with the nurses about people who needed fortified diets.
- Care plans to support people with eating and drinking were not clear. For example, one person who was losing weight had an action of a referral to a dietician. However, no other actions on how they would support this person to consume more calories while waiting for the dietician were documented. One action was to weigh the person weekly, however this was only completed monthly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People, and their relatives where appropriate, were involved in planning care. However, this could be captured better.
- People's choices, in some cases, were reflected in the support plans and we saw staff giving people choices throughout the day. For example, for drinks, joining in with activities and food offered. However, we also saw that one person's plan said they wanted their door closed and it was open all day. The registered manager told us the person liked their door open so it had been recorded wrong.

Staff support: induction, training, skills and experience

- Staff received an induction when starting at the service. One staff member told us that the training was good and it meant they were well equipped for their role.
- Regular training, specific to their role, was delivered and refreshed when needed. Staff felt they had enough training. Some felt it would be better if training was delivered in a practical way. The training had recently been updated by the provider to be competence led rather than paper assessments.
- Staff received supervision and felt supported. However, some staff were not sure of the frequency of the supervisions. We saw that supervisions were recorded as happening regularly. All staff told us that they could go to the registered manager at any time and feel listened to.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well and this helped to ensure care delivered met people's needs consistently in a way they liked.
- People told us that staff supported them when they wanted to be supported and permanent staff were good. People told us that some agency staff were not so good. One person told us that they had raised this with staff and the concerns had been raised with the care agency.

Adapting service, design, decoration to meet people's needs

- The service was set up in a way to promote people to be able to move around freely. There was ample communal space which we saw people using.
- Bedrooms were personalised and refurbishing some areas was under way. The areas that had been refurbished looked nice and people had been involved in the decision making about colours and fabrics.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by different health and social care professionals. Staff supported people with this

as needed. This included hospital appointments, day centres and opticians. The visiting GP had developed effective working relationships with staff at the home and knew the people living there well. They told us, "Staff are great, they always call me if they need advice or a visit and they follow my instructions. We work well together in the best interest of the patient."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated respect and kindness. Staff observed spoke with people in a way that demonstrated they respected them. One person said, "I suppose (staff are kind and caring), most of the time. They all get their days, but usually very good." Another person who lived at the home gave an example of how a staff member had kindly and patiently supported a person during a period of anxiety. Relatives told us that staff were kind. One relative said, "Yes, (staff are) always kind and caring."
- Staff were attentive to people. We saw they placed a reassuring hand on a person's shoulder and responded warmly to a person who put their arm around them. One person told us, "Staff put cream on a skin irritation at 3am last night and brought me a cup of tea." People told us that at times agency staff were not as friendly. We raised this with the registered manager.

Supporting people to express their views and be involved in making decisions about their care

- People were asked about their views and the care they had received as part of their care plan review process. This could be further developed to capture more of the conversation staff had with people about their care and that people were aware of their care plans.
- Staff were heard asking people for their choices throughout the inspection.
- People and their relatives told us that they felt involved in planning their care and it was delivered how they wanted it to be. One relatives said, "They filled in a whole history sheet about [person's] past life."

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors and were discreet when supporting people. One person told us, "Staff knock on the door before coming in, yes always." However, we did observe one person being taken to the toilet and the bedroom door had not been closed, although the view was obscured by the bathroom door, the staff member should have closed the bedroom door.
- People were given the choice between a male or female staff member and staff were aware of this.
- Records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: ☐ People's needs were not always met. Regulations may or may not have been met.

Personalised care

- People received care that met their needs and took account of their preferences. One relative said, "[Person] is cared for here." Although one person said that they wanted their medicines at a specific time but care staff told us that some nurses struggled to adapt their routine to accommodate this. We raised this with the registered manager who told us this would be easily achieved.
- People's support plans were not detailed and person centred in all cases so that it covered all elements of a person's needs, wishes, and lives. Some plans were not completed and others did not include up to date information. Staff were able to tell us about people they supported in most cases, however, with people moving around the home to accommodate the refurbishment and the use of agency staff, sometimes staff supported people who they did not know well. This meant that they needed a clear care plan in place to seek information if colleagues were not able to answer their queries.
- People told us that they enjoyed the activities provided. On the day of inspection movement to music and a horseracing quiz were on offer. People told us that they had enough to do and were happy living at the service. There were duck eggs which people were watching waiting for them to hatch, they told us they had previously had chicks which they loved. We saw photos of people with the chicks and enjoying various activities and entertainers. One person told us, "There are nice activities; entertainers, exercises and so on."

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately. People told us they were asked if things were ok.
- People told us that they could speak to the registered manager or a member of staff if they needed to. We noted that there were regular compliments received by the service. One person said, "I would talk to [Registered Manager], he's very good. I would feel confident."
- Complaints were added on to the provider's monitoring system to help them address any themes and trends.

End of life care and support

- The service regularly offered end of life care. Care plans in place for supporting people at this time were detailed and developed in conjunction with the visiting GP. The GP told us that they felt staff carried out their instructions and supported people well.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- At the last inspection on 23 November 2017 we found that governance systems were not being used effectively.
- At this inspection we found that improvements had been made in relation to how governance systems were used. However, there were still issues that needed to be addressed that had not been addressed by the systems in place.
- People and staff told us that the registered manager was very open and acknowledged when things had gone wrong and set about trying to improve them to reduce the risk of an issue reoccurring.
 - People, relatives and staff told us, and we also saw, that the registered manager was visible in the home and made themselves available if anyone needed to speak with them.
- Staff told us that the registered manager's approach meant that there was better teamwork and they felt valued which ultimately benefitted people who lived there.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection on 23 November 2017 shortfalls were found in relation to the governance of the service and safeguarding people from abuse. They implemented an action plan setting out how they would address these areas. These actions were completed.
- At this inspection we found that they were using their governance systems more effectively to help them achieve the required standards and these systems had been effective in identifying issues in the home.
- The registered manager had started at the service shortly before the last inspection. They were aware of what the shortfalls had been and had worked with the provider to address and improve these areas. They acknowledged that there was still work to do and told us that many of the issues raised by us had been found through the internal audit process, they had not yet been resolved.
- People, their relatives and staff were positive about the registered manager. Staff comments included, "He leads from the front.", "He has made such a difference." And, "He is very good."

Continuous learning and improving care

- There was a range of audits completed and any actions from these were added to a quality improvement plan. We saw that these actions had been completed. However, some actions which had been signed as completed were not robustly completed. For example, in relation to care plan audits and missing information. The plans were completed following the audit actions but still did not include all information needed.

- There was a monthly provider visit to ensure the service was working in accordance with their policies and processes. They checked the standard of service provided and gave actions if anything was found. There was also an internal audit which looked at all areas and identified shortfalls. This audit had identified many of the issues found on inspection and the issues were added to an action plan.

Engaging and involving people using the service, the public and staff

- People had meetings to discuss the service and anything they wanted to change or plan for the future. They are kept informed about anything that affected the service. A theme in some meetings was around some of the menu choices and quality of the cakes. The registered manager told us that menus were set from the provider to take into account their nutritional content and allergens. However, feedback from people was shared with the person who planned the menus and suggestions could be incorporated into the next quarters menus.

- There were annual surveys where people were encouraged to share their views. There was a board in use titled, 'You said, we did' which detailed suggestions and actions taken in response. For example, changing the height of handrails and developing a display board showing plans for refurbishment where people had requested more information about it. We also saw that this system was used to inform people of updates to staffing and other developments in the home.

Working in partnership with others

- The registered manager ensured that other agencies were informed of any issues arising. This included safeguarding concerns or events in the home. There was contact with social workers to ensure people received the right support.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's safety was not always effectively managed or promoted.