

Bath Centre for Voluntary Service Homes

Bathampton Manor

Inspection report

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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

This inspection took place on 23 January 2017 and was unannounced. The last full inspection took place in November 2015 and, at that time, four breaches of the Health and Social Care (Regulated Activities) Regulations 2014 were found in relation to safe care and treatment, fit and proper persons employed, need for consent and good governance. These breaches were followed up as part of our inspection. The service was rated requires improvement.

Bathampton Manor provides accommodation for up to 21 people who need support with their personal care. There were 19 people living at the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager told us that a new manager has been appointed. They will be taking over the responsibilities of the current registered manager. The registered manager told us they intend to de-register and the new manager will submit their registered manager's application form.

At our last inspection we found people were not consistently protected by safe systems for managing their medicines. We found insufficient improvements had been made.

At our last inspection we found people's rights were not upheld in accordance with the Mental Capacity Act (MCA) 2005. Although we found sufficient improvements had been made, this area of the service requires further development.

At our last inspection we found people were at risk of being cared for by staff who were not fit to work with vulnerable adults. At this inspection we found sufficient improvements had been made.

Although care plans contained risk assessments which had all been regularly reviewed, associated plans in place to inform staff how to reduce the risks to people were not always in place.

Staff were supported through an adequate training and supervision programme. Staff in the main had a good awareness and understood their responsibilities with regard to safeguarding people from abuse. Appropriate arrangements were in place for reporting and reviewing accidents and incidents.

People's nutrition and hydration needs were met. Staff demonstrated a good understanding of people's needs and specific dietary requirements.

People and their relatives told us that staff were caring and respectful. People felt comfortable with the staff. People said they were treated with respect.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

People and their relatives spoke highly about the registered manager and the newly appointed manager. People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People told us they felt listened to.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the second inspection that the provider of Bathampton Manor has not fully met all the regulations. You can see what action we told the provider to take at the back of the full version of this 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 ●

The service was not always safe.

Medicines were not consistently managed safely.

Records showed that a range of checks had been carried out on staff to determine their suitability for work.

Staffing levels were maintained in accordance with the assessed dependency needs of the people who used the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's nutrition and hydration needs were met.

People's rights were in the main being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves.

Staff were supported through an adequate training and supervision programme.

People had access to on-going healthcare services.

Is the service caring?

Good ●

The service was caring.

People told us that staff were caring and respectful.

Staff told us how they provided care and support that was kind and respectful and how they made sure people's dignity and right to privacy was maintained.

Staff were knowledgeable about people's individual needs.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Although the majority of care plans showed that care was planned according to people's needs, this was not consistent practice.

People did not always have access to meaningful activities.

Relatives were welcomed to the service and could visit people at times that were convenient to them.

Is the service well-led?

The service was not consistently well-led.

This is the second inspection that the provider of Bathampton Manor has not fully met all the regulations. This has included one repeated breach of the safe care and treatment regulation.

Staff told us they felt positive about the new manager's appointment.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided.

Requires Improvement 

Bathampton Manor

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.

This inspection took place on 23 January 2017 and was unannounced. The last full inspection took place in November 2015 and, at that time, four breaches of the Health and Social Care (Regulated Activities) Regulations 2014 were found in relation to safe care and treatment, fit and proper persons employed, need for consent and good governance, staffing and person-centred care. The service was rated as 'requires improvement'. The inspection was undertaken by two inspectors.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We spoke with five people that used the service, three relatives, three members of staff and the registered manager.

We reviewed four care plans and associated records of five people who used the service. We observed the medicines round and reviewed the medicines administration records (MAR's) of the people who lived at the home. We also reviewed documents in relation to the quality and safety of the service, staff recruitment, training and supervision.

Is the service safe?

Our findings

At our last inspection we found people were not consistently protected by safe systems for managing their medicines. The provider sent us an action plan telling us what they were going to do to become compliant. We found insufficient improvements had been made.

Medicines were no longer left on spoons in communal areas. We observed part of a medicines round and saw that people were given their medicines and that the member of staff waited until they had swallowed them before signing the medicine administration record (MAR). Newly received medicines were now being securely stored on arrival. Medication stock audits were being carried out to ensure that stock levels were correct and there was no out of date stock.

PRN (as required) protocols were not in place during our last inspection. PRN medicines are usually prescribed to treat short term or intermittent medical conditions. On this inspection we saw that in the main there were protocols in place. However, one person who was receiving pain control on a PRN basis did not have a protocol in place.

We checked all of the Medicine Administration Record (MAR) charts in use and found that there were significant gaps noted where staff had omitted to sign to indicate they had administered people's medicines as prescribed. In addition we also noted that two people who had been prescribed pain relieving patches had not had their patches renewed on the correct dates. They had been administered up to two days late, increasing the risk of people being in pain. There was nothing documented to indicate why the patches had not been applied as prescribed and the incidents had not been reported internally. When we asked what had caused the late applications, we were told by the senior carer that "It must have been missed". In addition we saw one chart where a medicine for administration had been handwritten on the chart but not signed or countersigned by another member of staff.

On three occasions during 2016, it had been documented that a diamorphine injection had been administered but none of the entries had been signed as witnessed by another member of staff. There was nothing documented to evidence that this error had been noted, reported or investigated.

The provider's action plan stated that monthly medication audits were being completed but although audits had been undertaken, they were not completed every month. We saw that eight audits had been undertaken during 2016 rather than the 12 which the provider had stated would be completed.

A pharmacy advice visit had taken place during February 2016. However, not all of the recommended advice had been acted upon which meant some of the same issues were still present on the day of our inspection. Examples included a recommendation for weekly balance checks of medicines. However, the entries within the log did not reflect this and when we asked the registered manager they said checks were carried out on a monthly basis. Another recommendation was that photographs of people using the service were dated to indicate they were still a true likeness of the person; however none of the photographs we saw had been dated.

Topical medicines such as creams and lotions were not being consistently signed for which meant it was not clear if people always received their topical medicines as prescribed. Although the pharmacist advice visit had recommended the use of body maps during February 2016, these had still not been implemented. The topical administration charts we looked at had significant gaps and the instructions for staff were unclear. For example, one person had been prescribed a cream twice daily but the chart had only been signed six times during January 2017 when it should have been signed at least 45 times. Another person's chart showed they had been prescribed a cream to be applied to both legs. The frequency of required application had not been documented so it was unclear how staff would know how often to apply it. The chart had only been signed on the day of our inspection.

Medicines were disposed of safely. Items stored in the fridge had been dated to show when they had been opened and when they would expire. Fridge items should be stored between 2 and 8 degrees centigrade, but the monitoring chart showed the temperature had reached 8.1 degrees on 6 January 2017, but there was no record of any action taken. Other bottles of medicines that did not require fridge storage had also been dated and the expiry dates noted.

There continues to be a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found people were at risk of being cared for by staff who were not fit to work with vulnerable adults. The provider sent us an action plan telling us what they were going to do to become compliant. At this inspection we found sufficient improvements had been made.

Records showed that a range of checks had been carried out on staff to determine their suitability for work. This included obtaining references and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about whether a person has any convictions and whether they were barred from working with vulnerable adults.

Although staffing levels were maintained in accordance with the dependency tool utilised by the provider we received mixed comments about the staffing levels. Comments included "We've got enough care staff, but we need more kitchen staff. When there is nobody in the kitchen in the evening, a member of staff has to come off the floor, which leaves us short"; "Most of us think we need more staff and having to be in the kitchen is ridiculous. If we could improve staffing levels we would have more time to sit and talk with the residents"; and "There is a problem with the kitchen but otherwise it's ok." The registered manager told us that the service currently has two vacancies for a kitchen assistant and an activities coordinator. People told us they felt safe at the service. We observed people receiving support when required.

Although care plans contained risk assessments which had all been regularly reviewed, associated plans to inform staff how to reduce the risks to people were not always in place. In addition, some plans did not contain risk assessments for some areas of care, despite these being referred to in the daily notes. For example, in one person's care plan it had been documented that they had been assessed as being at high risk of falling. The plan detailed the walking aids the person used and described adaptations to the person's bedroom that had been made. However, in another person's daily notes, we saw that it had been documented that they used incontinence pads. Despite this there was no risk assessment in place in relation to the risk of skin soreness or skin breakdown. This area of the service requires further development.

Staff in the main had a good awareness and understood their responsibilities with regard to safeguarding people from abuse. Staff had received training to identify signs of potential abuse. Although staff confirmed through scenario based questions that they knew concerns about abuse needed to be reported, not all staff

could demonstrate that they knew how to report concerns if they were the person in charge at the time the abuse was reported to them.

Appropriate arrangements were in place for reporting and reviewing accidents and incidents. This included auditing all incidents to identify any particular trend or lessons to be learned. Accident and incident forms clearly identified the nature of the incident, immediate actions taken and whether any further actions were required, such as the need to refer to a health professional.

People were cared for in a safe and clean environment. Staff knew their responsibilities in relation to the prevention and control of infection. Personal protective equipment (PPE) such as gloves and aprons were available. We observed staff using PPE at the appropriate times, such as assisting people with personal care and the lunch time service.

To ensure the safety of the service regular fire, water, call bell, health and safety, infection control checks were undertaken.

Is the service effective?

Our findings

At our last inspection we found people's rights were not upheld in accordance with the Mental Capacity Act (MCA) 2005. The provider sent us an action plan telling us what they were going to do to become compliant. Although we found sufficient improvements had been made this area of their service requires further development.

People's rights were in the main being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. In people's support plans we saw information about their mental capacity and Deprivation of Liberty Safeguards (DoLS) being applied for. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. We did note that the mental capacity assessments were not decision specific and referred only to 'Care and treatment – daily living.' Capacity assessments had not been conducted for other areas of people's needs, such as medication.

Staff demonstrated a good knowledge of the Mental Capacity Act and understood the requirements of gaining people's consent to care. Comments from staff included "We always assume everyone has capacity unless deemed not to. I give everyone a choice, such as what to eat, what to wear, what to drink etc." We observed staff asking people for their consent throughout the day, for example, "Where would you like to sit?"

Staff were supported through an adequate training and supervision programme. Supervision is where staff meet one to one with their line manager. We reviewed staff records which demonstrated that recent staff supervision had been conducted. This meant that staff received effective support on an on-going basis and development needs could be acted upon. We did note that their supervision policy states that supervision should be held six times a year. The files reviewed did not in all cases contain six supervision records.

New staff undertook an induction and mandatory training programme before starting to care for people on their own. Staff told us about the training they had received; this covered a variety of subjects such as manual handling, infection control, health and safety, fire safety and food hygiene. The training records demonstrated that staff mandatory training was in the main up to date. Modules that required refresher training were being taken forward by the service. Staff felt they had the necessary knowledge and skills to undertake their roles.

People's nutrition and hydration needs were met. Staff demonstrated a good understanding of people's needs and specific dietary requirements. We observed that people were supported to have enough to eat and drink. Drinks were available throughout the day and we saw that people were encouraged to have them. People were able to eat and drink independently. People in the main provided positive feedback about the food. The food served looked appetising and was served at the correct consistency and temperature. If people did not like the choices of food on offer the chef would arrange an alternative.

People had access to on-going healthcare services. Records showed when people were reviewed by the GP, the community nurse team, the chiropodist and the Mental Health team. Referrals for advice and support were made in a timely manner and when people's needs changed.

Is the service caring?

Our findings

People and their relatives told us that staff were caring and respectful. Comments from people and relatives included; "I love it here, I'm relaxed. I find it comfortable. It suits me and I don't think I could have found anywhere better. I love the staff. There is a friendly atmosphere amongst the staff. We all use first names"; "The staff are very good. I like living here. It's all very nice"; "It's lovely here. Can't fault it. Mum is well looked after. It is like a family home. Lovely staff, all of them. I'm not worried about her when I go home. I know she's being cared for"; and "The carers are very good, lovely girls."

We observed the lunchtime service. People sat at their chosen table. The tables were well presented with condiments for people to choose from. Staff ensured that people were happy with their food and asked about their welfare. When one person requested a smaller portion size, staff dealt with their request. One person had received a letter and a staff member offered to read it to them, following lunch. If people chose to eat in their room their decision was respected. There was a relaxed atmosphere and people were not rushed. People felt comfortable with the staff.

People said they were treated with respect privacy and dignity. Bedrooms were personalised and staff knocked before entering. Staff were knowledgeable about people's needs and told us they aimed to provide personal, individual care to people. Staff told us how people preferred to be cared for and demonstrated they understood the people they cared for. Staff gave examples of how they gave people choice. One member of staff told us; "[Person's name] is very particular. You can't rush her. She tries to be independent, as much as they can be. For clothes you get a couple of items for her to choose. She washes herself, applies cream and we help with clothes. She's as independent as she can be and we help her, when needed." Another member of staff told us; "I'm a key worker and I know what my residents prefer. I know that [person's name] doesn't like a shower after having their hair done, so I always make sure to offer them a shower or bath the day before they see the hairdresser".

The service had received a number of compliments. A recent compliment received by the service stated; 'Thank you to all the staff at Bathampton Manor for making my stay so comfortable and pleasant. Your thoughtful help and patience is so appreciated.'

Is the service responsive?

Our findings

The service was not consistently responsive to the person's needs. Although the majority of care plans showed that care was planned according to people's needs, this was not seen in all of the plans we looked at. For example, in one person's plan it had been documented that there was a risk of them having anxiety or panic attacks. The only staff guidance in the person's plan was to ensure the person took their medication. There was no plan in place to inform staff what might trigger an attack, or how they should deal with it. When we asked staff about this person, none were able to say what might trigger an attack and only one said they knew the person preferred to be left alone during an attack. In another person's daily notes staff had documented the person had been "tearful" on four occasions during January 2017, but there was no plan in place in relation to the person's emotional status. In another person's plan it had been documented that they suffered from extreme pain and yet there was no plan in place in relation to how their pain relief should be managed. The service was advised in our previous inspection that their pain management plans were insufficient.

There was no activities co-ordinator in post, and this meant that people did not always have access to meaningful activities. We did not observe any meaningful activities during the day. We were told by the registered manager that the service is in the process of trying to recruit an activities coordinator. The current activities programme provided by the carers lacked mental and physical stimulus. By not ensuring that a dedicated activities coordinator was available throughout the day the service did not enable people to carry out activities which encouraged them to maintain hobbies and interests. We received mixed comments regarding the activities programme. Some people thought they were fine, others didn't.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were involved in their care plans and reviews. One relative confirmed they had attended care reviews with their relative and that they were aware of the content of the plan. People's personal histories and routine preferences were recorded. Staff demonstrated a good understanding of people's backgrounds and maintained good links with family members. One relative told us; "They discuss with us any needs. When she fell they called us and we went to the hospital."

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

The provider had systems in place to receive and monitor any complaints that were made. No formal complaints had been received in the past twelve months. People told us they would feel comfortable to raise a complaint, if needed.

Is the service well-led?

Our findings

We found the service was not always well-led. This is the second inspection that the provider of Bathampton Manor has not fully met all the regulations. Although improvements have been made in most areas we found one repeated breach of safe care and treatment. An additional concern had also been identified, regarding person-centred care. Since the previous inspection in November 2015 the service had failed to fully implement the actions in their plan to ensure they were no longer acting in breach of the regulations. For example, the action stated in their plan regarding the management of medicines included; "We are already implementing change, relevant audit procedures are taking place. Regular audits will eliminate errors." This was not the case. Their audits failed to identify that medicines were not managed safely. Their action plan stated that the actions would be completed by February 2016. The provider had not consistently ensured that systems were in place to ensure the quality and safety of the service.

Staff said that morale was "odd, but not at its lowest point" and "Pretty low at the moment because of not having a manager". Staff also said that the rotas were being changed and that not all of the staff had been engaged in this process and that communication could be improved. One said "If they [the management] communicated more there would be less guesswork involved" and "We have staff meetings but only if the staff say they're fed up or if we get HR involved". Despite these comments though, staff said they felt positive about the new manager starting, and all confirmed that they still enjoyed their jobs. One said "It's still a lovely place to work".

People and their relatives spoke highly about the registered manager and the newly appointed manager. Comments included; "The new manager takes everything in. They're very aware"; "I would go to the manager if I had any problems. The new manager is very nice. She's very helpful." People felt listened to. The provider sought feedback from people so that they could evaluate the service and drive improvement. A recent residents meeting had been held which enabled an open forum for discussion and enabled people to express their opinions. The kitchen refurbishment plans, staffing, and the supper menu were discussed. People told us they felt listened to.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. Annual customer surveys were conducted with people and their relatives or representatives. The last survey report was published in September 2016. The service received nine responses. Overall people and their relatives were satisfied with the level of service. Concerns were raised about the laundry and supper time and the service provided a response to these issues.

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 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure that people received person-centred care based on an assessment of their needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.