Care Quality Commission

Mrs B D Miller

Carisbrooke Nursing Home

Inspection report

50 Teignmouth Road
Torquay
Devon
TQ14ET
Tel: 01803 326409
Website:

Date of inspection visit: 27 May 2015
Date of publication: 24/08/2015

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

Overall summary

This comprehensive inspection was unannounced and took place on 27 May 2015.

Carisbrooke is a care home with nursing, which provides accommodation and personal care for up to 23 people. People who live at the home are older people, some of who were living with dementia and physical disabilities. Carisbrooke also offer Intermediate Care facilities.

There was a registered manager in post. A registered manager is a person who is 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 the associated regulations about how the service is run.

Staff had received training in the Mental Capacity Act and how this related to Deprivation of Liberty.

People were protected from risks and each had a risk assessment as part of their care plan, which detailed risks

Summary of findings

with mobility, skin integrity, use of equipment and nutrition. However, some of these were hard to read. Each person had a Treatment Escalation plan and a Personal Emergency Evacuation Plan.

At our last inspection (July 2014) we found that people were not protected from the risks associated with the administration of medication. At this inspection in May 2015 we found that action had been taken to address this and the risks previously identified reduced as far as possible. People received their medication in a timely and safe way. A medication audit system had been introduced and the home was using a monitored dosage system supplied by the local chemist.

People had access to primary healthcare services.

We saw that staff engaged appropriately with people. Staff were skilled at anticipating people's needs and spoke to them in a respectful way, ensuring they understood. People's care was delivered discreetly, protecting people's privacy and dignity.

People's care needs had been assessed prior to admission and care plans formulated that reflected those needs. Plans were reviewed regularly. Input was sought from specialist colleagues (for example: speech and language therapists, community psychiatric nurses, Parkinson's Disease specialist nurse) to inform care.

A programme of activities to help meet people's interests was in place five days per week.

There were clear systems in place for managing any safeguarding concerns. Staff understood what constituted abuse and what they would need to do if they had any concerns.

We saw there were robust procedures in place for staff recruitment. Staffing numbers were sufficient to meet people's needs and we saw that care was given in a professional and timely way. A programme of staff training was in place to ensure that the staff were equipped with the knowledge they needed to carry out their role.

The home had a clear complaints policy. Although some staff felt that their suggestions for improvements were not heard, and some staff were not permitted to write in care plans. However, the minutes of staff meetings showed that some suggestions had been implemented and all staff were reminded to write on care plans as needed. Some care plans were difficult to read.

We saw that some anonymous concerns had been raised with the Care Quality Commission These had been followed up by the local authority quality team and not substantiated. There had been one staff grievance and the registered manager had used an external management consultancy firm to deal with this.

People were consulted about the operation of the home and how improvements could be made. The home was undergoing some modernisation work with the installation of air conditioning in some clinical areas and a programme of redecoration. Some new beds were also on order.

Summary of findings

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.

Medication storage and administration systems had improved since our last inspection and medicines were now given in a timely way and stored safely.

People were protected because there were suitable arrangements to manage medicines.

People were protected from abuse and discrimination. The staff had a clear understanding of their responsibilities under guidelines and legislation.

Staff recruitment was robust to ensure that only staff suitable to the role were employed.

Sufficient staff were on duty to ensure that appropriate care was given in a planned and timely way.

Risk assessments had been undertaken and potential risks minimised.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of the care needs of the people but some care plans were difficult to read.

Staff had received training to undertake their role.

Staff had received training in the Mental Capacity Act and how this related to depriving people of their liberty.

People were complimentary about communication between themselves, their families and the staff.

People spoke highly of the food provided.

Is the service caring?

Good

The service was caring.

We saw that care was provided in a warm and respectful way, with lots of engagement between people and staff. Care was provided in people's rooms for privacy, and staff took time to explain what they were about to do and sought people's consent to carry out tasks.

We saw that staff encouraged people to do as much as they could for themselves to keep them as active as possible and maintain their dignity

Is the service responsive?

Good

The service was responsive.

We saw that people had a full needs assessment before admission to Carisbrooke. We saw that care plans were amended to meet changing needs. However, care plans were not always legible.

Care was delivered respecting people's wishes and choices, in a way that met their care needs.

Summary of findings

Is the service well-led?

Good

The service was well led.

Systems to identify quality and risk issues were robust.

Some staff were motivated to develop and provide good quality care, others did not feel they were listened to.

Staff and people's families were encouraged to provide feedback on the service which led to improvements.

Carisbrooke 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 was planned to check whether the provider was 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 27 May 2015 and was unannounced. The inspection was carried out by one Adult Social Care (ASC) inspector.

Prior to this inspection we reviewed the information CQC holds about Carisbrooke Nursing Home. We looked at notifications that we had received, and the previous inspection reports for the home. We saw that at our last inspection, Carisbrooke had been asked to take some action under Regulation 13 of the Health and Social Care Act 2008(Regulated Activities) regarding the administration of medication.

CQC had received a complaint by a member of staff about the way Carisbrooke was being managed .We liaised with the local authority contracts department who had undertaken an investigation of that complaint.

On the day of our inspection Carisbrooke was providing care for 21 people. We looked at the care records for five people living at the home including their medication administration records. We spoke to four family members to understand their view of the service. We interviewed five staff and the registered manager. We talked to staff in the local social services Intermediate Care team about their views on the care provided at Carisbrooke.

We viewed the recruitment records of four members of staff, and looked at records of equipment servicing within the home. We undertook a tour of the building and over the course of the day were able to watch the interactions between people and the staff using a tool called the Short Observational framework for Inspection.

Following the inspection the provider supplied us with further information in relation to care plans, staff training, supervision and appraisal records.

.

Good

Is the service safe?

Our findings

At our last inspection in July 2014 a breach was identified under Regulation 13 of the Health and Social Care Act 2008 which deals with the management of medicines.

The registered manager had submitted an action plan at that time detailing what improvements were planned and on this inspection we found that this plan had been implemented .The plan included a monthly audit of medicines by external consultants, and introduction of a system where two staff signed for amendments to medication charts to ensure that alterations were correct and as prescribed. The home was now using a monitored dosage medication system supplied by the local chemist.

People were protected by the safe storage and administration of medicines. Medicines were stored and administered in a safe and timely way. Manufacturer's information leaflets about the medications being given were available so the staff were aware of side effects of the medication they were giving. One person was able to manage their own medicines and we saw that a risk assessment had been undertaken regarding this.

Staff had a good understanding of people's needs, more especially those who had been living at Carisbrooke for some time. Risks to individuals were considered and each person had a risk assessment for their health needs. For example, several people had assessments for the treatment and prevention of pressure sores and another for use of bedrails to prevent them rolling out of bed. Each person had an assessment detailing any nutritional needs. Environmental factors were considered in mobility and falls assessments. These detailed how people managed mobilising within and outside the home, identifying any equipment they needed. Each person had a moving and handling plan and an assessment to identify any pressure area needs.

Each person had a personal evacuation plan in the event of the home being evacuated in an emergency, such as a fire. Fire alarms were regularly tested by the home's handyman. The fire alarm panel had been regularly serviced as had the safety lighting and fire doors. We saw that the home had undertaken a fire drill in June 2014 and all staff had received fire training in December 2014.

People were protected by staff who were confident they knew how to recognise any signs of abuse. Staff felt if they reported suspected abuse their concerns would be listened to and acted upon. All of the staff had received safeguarding training in recognising abuse and were able to say that if they felt there was a problem within the home they would recognise and report it. They were aware of external agencies they could contact if they felt they weren't being listened to within the home.

People living at Carisbrooke said they felt safe. One said "If I didn't feel safe I would tell someone" and a relative said "I think the staff work hard to ensure my [relative] is protected [from risk]". All staff had received training in adult safeguarding.

The home had received two safeguarding concerns in recent months regarding missing monies. We saw that the registered manager had taken appropriate action to ensure that people's money was kept safe.

People told us that there were enough staff on each shift to meet their needs, with staff confirming this. One said "If you ring for help you aren't kept waiting" and another stated "they (the staff) are always around to help". We looked at the rotas which confirmed staffing levels were good. The registered manager told us they try not to use agency workers who were unfamiliar with the home, preferring to cover shifts with their own staff doing overtime if possible. We saw that staff worked in a calm and unhurried way, with time to chat to the people they were caring for. On the day of our inspection we saw that there were five care workers, two Registered nurses and the registered manager working the day shift. The care team were supported by a chef, a laundry assistant and two housekeepers.

People were protected from the risk of cross infection because the home had a clean environment. The staff were aware of, and had received training in, infection control. Staff routinely washed their hands between each care intervention. Gloves and plastic aprons were readily available throughout the home to reduce the risk of cross infection. The home was very clean with no odours.

Accidents and incidents either to staff or people living at Carisbrooke were recorded and audited to see if improvements could be made to safety.

Carisbrooke had robust recruiting procedures which ensured that all staff employed were suitable for the role they would be undertaking. References and

Good

Is the service safe?

pre-employment checks were taken up before a person could commence a role in the home. We saw copies of these documents were kept on the individual staff members file.

Good

Is the service effective?

Our findings

People's care needs were assessed and regularly reviewed by the registered manager and one of the nursing sisters. We saw that this informed the care given, and that information about care, or changes to care, was shared in staff handovers between shifts. The information in the plans was up to date. However, some of the handwriting was quite hard to decipher and potentially this might hinder the understanding of the reader in what care to provide.

The Care Quality Commission has responsibility for monitoring the use of the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or might become, deprived of their liberty. The MCA provides a legal framework to assess people's ability to make certain decisions at certain times. If people are thought not to be able to make those decisions, a Best Interest Decision involving family members and professionals is made. Carisbrooke does not currently have any people living there subject to a DoLS authorisation. The home does operate a locked door policy. The registered manager was aware of the need to make applications to the local authority where applicable. Staff had received training in the MCA and DoLs, this meant people living at the home were protected from having their liberty compromised.

Staff said they felt supported in their roles. One said 'it's a great team and we all help each other out' and another stated "I can always ask advice if I need it". However, not all team members felt this way with one saying "the manager likes things done her way, or no way, and she won't discuss suggestion".

Regular nursing sisters' meetings and separate health care assistant meetings were held to share information, with topics including the new medication system, reminders to check and complete food and fluid charts and changes to care needs. Minutes were stored in a central file and actions identified and checked on at the following meeting. We saw the last meetings for both groups had been held in May 2015.

Records shown to us by the registered manager showed that staff received regular supervision and an annual appraisal from the registered manager. Records showed that training issues had been identified and actioned. Each staff member was responsible for a designated task. One staff member had asked for protected time in order to fulfil their responsibilities. This had been discussed and agreed.

A handover took place between each shift to update the staff in any changes to people's care needs, and we saw that conversation in this meeting was respectful and professional.

New staff were supported at the start of their employment by an induction period. This provided them with time to get to know the people they were caring for. New staff worked alongside more experienced workers until they were considered competent. The registered manager was supporting three of the registered nurses to become assessors in the new Care Certificate. All new staff will then be supported to undertake this, to ensure that staff had a good 'grounding' in core skills needed for the job.

The home kept training records for all staff and we saw that staff had undertaken training on a regular basis. One staff member was the designated in house trainer. They had completed a 'train the trainer' course to enable them to be effective in their role. They had developed a matrix to ensure that annual mandatory training was up to date, for example moving and handling, fire, basic life support.

In addition to the mandatory courses, staff had attended training in end of life care, continence care, moving and transferring, nutrition and swallowing problems, resuscitation, and basic life support. They had also had training in first aid and the control and safe handling of substances harmful to health (COSHH). This meant that people were being cared for by staff who had a good knowledge base in basic nursing care.

People reported to us that the food was of a very high standard at Carisbrooke. Menus were created by the registered manager and the cook, with people being able to request any items or particular meals they wanted. A number of people required specialist diets and these were catered for, with information on a 'white board' in the kitchen for all the staff to use as a reference. We saw that those people with swallowing problems who required pureed foods had their food presented attractively. People received full assistance to eat where it was needed.

Meals were spaced evenly throughout the day, with plenty of snacks and drinks available in between times. People were able to choose an alternative if they wanted

Good

Is the service effective?

something different to the main choices. The cook told us "I really enjoy my job, I'm very lucky to be here". Fresh meat and vegetables were regularly delivered and we saw that high quality, local produce was sought.

The catering staff had received training in food allergies as well as basic hygiene procedures.

Care staff had responsibility for monitoring people's weight and this was checked by the registered manager to identify any issues. We saw care staff monitored food and fluid intake by using charts which would quickly highlight if a person needed additional help to maintain adequate food and fluid intake.

The home was clean and well furnished. Clinical areas were clearly signposted .People were able to keep their own belongings and furniture for their rooms if they wished.

We saw that the home was undergoing a programme of upgrading, for example some air conditioning was being installed in one of the clinical rooms and six new nursing beds had been ordered to replace some very old ones. In addition two new sluice machines had been ordered.

Good

Is the service caring?

Our findings

People were cared for in a compassionate way. People told us "staff are kind" and "nothing is too much trouble". One relative said "I can really get on with the staff, they are brilliant". Staff were willing and responded to both verbal and non- verbal cues. For example, one person was pacing up and down and becoming agitated. We saw staff approach them, and patiently question them to find out what was troubling them. The person was then assisted away from the area where help could be offered more privately. During handovers and other staff interactions we heard staff discussing people in a respectful and caring way.

We spent time observing people and staff carrying out their daily activities. People and their families were chatting readily with the staff and we heard lots of laughter. We carried out a SOFI (Short observational Framework for Inspection) over the lunchtime period. This showed us that people were helped in a caring and discreet way, with lots of positive interactions between people and staff. We saw that special effort was made to engage with people who were not using communal areas, with staff spending time chatting to and assisting people who had chosen not to (or were unable to) leave their rooms.

People's families told us they were always kept informed and involved in decision making. One family member said "I am exceptionally happy with the level of communication [with the staff]"and "they always tell me if [my relative] is not so good". Staff told us they always sought to give explanations of the care to be provided, with one saying "we always let people know what's about to happen".

We saw that care was provided in a discreet way, with staff knocking on doors and waiting to be invited in. We noted that if someone needed help in a communal area staff quietly reassured them and then accompanied them to a private area to provide the care required. We found that staff knew people well – and were able to state their personal preferences and how they liked their care to be given. For example, one person told us "we always help [the person] up last because we know they like a lie in".

We saw that one person was receiving end of life care. Their relative told us "the staff have made a really difficult time bearable, I know when I'm not here they are really looking out for [my relative]". This person had been reassessed for pain relief and equipment by specialist nurses from the local hospice with the aim of making their last days as comfortable as possible. These changes had been noted in the care plan for that person.

Three members of the staff told us that they felt supported and cared for by their colleagues, with teamwork described as "good" and "everyone works together to make sure the residents are ok".

Good

Is the service responsive?

Our findings

Care plans contained details of the care required to meet people's individual needs and were written using people's preferred names. We saw that preferences were respected. For example, times that people preferred to get up and retire were listed. The registered manager was in the process of updating the front sheet to include more information about people's life histories, to help care staff understand and get to know the people better.

Care plans were reviewed on a monthly basis. If changes were needed they were carried out quickly. We saw for example, that one person could not manage to sit comfortably in the chair they were provided. Advice had been sought and appropriate seating obtained in under 48 hours.

People were referred to specialist health care professionals when needed, for example one person had a long term condition that was starting to impede their mobility, and they had been referred to both the nurse specialist for that disease and to physiotherapy because their condition had deteriorated. We noted that the GPs made a routine monthly visit to the home to undertake routine checks and people had also benefitted from a visiting dentist.

Changes in people's health and well-being were shared by the staff group during the handover between shifts. We saw that this enabled the staff to have an up to date picture of the care needed for that day and staff reported that this system helped them "give consistent and good care". For example, we saw that one person's continence needs had changed since being in hospital for a time. This information had been updated in the care plan and information shared at handovers. People told us, and staff confirmed, that if required the staff would organise GP or District Nurse visits.

The registered manager and staff encouraged family contact to help reduce people's social isolation. One relative said "I know I can come any time of day, it's very relaxed".

People were encouraged by staff to be as independent as possible and to maintain community links. Most people living in Carisbrooke are not able to leave the home (due to frailty or health conditions) but we saw that visitors were encouraged and involved.

The home used an activities company to provide enjoyable experiences for the people living there, and recently the people have enjoyed visits from pet therapy, musical entertainment and spending time in the garden. The staff also spent time reminiscing with the people on a 1:1 basis.

Mealtimes were a time when people were all together and we noted people having chats and jokes together with the staff. People could choose to watch television or listen to music. Staff told us that they 'pop in' to people who can't leave their rooms for a chat to ensure they don't become socially isolated – this is detailed in care plans.

Good

Is the service well-led?

Our findings

We found that most of the people we talked to felt Carisbrooke was well led.

However, there were some members of staff who felt the management group was overbearing and not accepting of new ideas. Two members of staff reported that they had made suggestions, specifically around improvements in care planning, and that these had not been acknowledged or listened to. However, the manager showed us minutes of meetings which showed staff had been reminded to write in care records. We were also shown minutes of a meeting where staff had made suggestions, and the registered manager told us these had been implemented.

Most of the staff we spoke to felt they were well supported in their roles and were clear about their responsibilities. They spoke highly of the leadership at the home, saying "we know we can always ask when we are unsure' and 'we all know what is required of us in this job". The staff were very clear about how, when and to whom they should report changes to people's health and well -being to ensure people received appropriate and timely care. We saw, for example, that one person had developed an infection which care staff had drawn to management attention. A GP visit had been arranged for the same day and treatment obtained.

People and their representatives were all clear about the roles and responsibilities of the various staff and felt able to voice any issues, confident that they were listened to.

We found the home had good links with the local community. Family members could visit whenever they wanted, and some people could go out and about within Torquay. The home had visiting religious ministers for those that wished and a hairdresser was also a regular visitor. One of the local schools had placed one of their pupils with Carisbrooke for a work experience placement, which had gone well. The registered manager reported to us that this was something they would like to be involved with again.

The registered manager had sought feedback on the service using questionnaires, seeking the opinions of people and their families. We saw that where people had no immediate family, feedback and concerns were shared with their legal representatives. One comment was "the attention to detail is very good" and another person said "staff are always responsive to [my relatives] needs. I am exceptionally happy".

The home was compliant with registration requirements and had notified CQC when required of changes for either people or the environment. For example, we saw that accidents to people had been reported in a timely way in line with requirements.

We saw there were regular audits of fire safety equipment, hoists, beds and pressure relieving equipment, alongside auditing of care plans and medication (the latter being undertaken by the supplying chemist)

Carisbrooke offers intermediate care (a scheme to provide care for people who are poorly but don't necessarily need to either stay in or go to hospital for treatment). Carisbrooke works closely with the local authority and GPs to provide this and support people in intermediate care to recover and return home. We found that Carisbrooke had a good reputation for this type of care, with one member of the intermediate care team saying "we know if our clients are placed at Carisbrooke they will get all the care they need". We saw that Carisbrooke regularly involved external professionals for example social workers and occupational therapists when undertaking reviews of people's care plans. This ensured that the best care was offered through multidisciplinary working.