Bupa Care Homes (CFHCare) Limited

Monmouth Court Nursing Home

Inspection report

Monmouth Close
Ipswich
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected this service on the 11 February 2015. Monmouth Court Nursing Home provides care for up to 153 older people who may be elderly and or have a physical disability. Some people are living with dementia. There were 104 people living in the service when we inspected.

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.

Improvements were needed to ensure people were consistently supported by sufficient numbers of staff with

Summary of findings

the knowledge and skills to meet their needs. People's privacy and dignity was not always preserved and not all staff interacted with people in a caring and respectful manner.

Staff knew how to recognise and respond to abuse correctly. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe. Appropriate arrangements were in place to provide people with their medication safely and in a timely manner.

People were positive about the care they received. The atmosphere in the service was warm and welcoming. People told us staff listened to them and acted on what they said. People were supported and encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

People voiced their opinions and had their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. People knew how to make a complaint and said that any concerns were acted on promptly and appropriately.

Staff were knowledgeable about people's choices, views and preferences and acted on what they said. However this information was not always reflected in people's care records to ensure best practice was followed. People were encouraged and supported with their hobbies and interests and participated in a variety of personalised meaningful activities.

People were supported to be able to eat and drink sufficient amounts to meet their needs. They told us they enjoyed the food and were provided with a variety of meals. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring and respectful manner.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was acted on. Systems in place to monitor the quality and safety of the service provided were not robust. Improvements were needed to drive the service forward.

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?

Requires improvement 

The service was not consistently safe.

Staffing levels arrangements were not consistent to ensure there was enough staff to meet people's needs in all of the units.

People were provided with their medicines when they needed them and in an appropriate manner.

Staff understood their responsibilities to protect people from harm and report any concerns about people's welfare.

Is the service effective?

Good 

The service was effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing healthcare support.

People told us they had plenty to eat and drink. People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Requires improvement 

The service was not consistently caring.

People did not always have their privacy and dignity respected and maintained. Not all staff were compassionate, attentive and respectful in their interactions with people.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good 

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People were encouraged and supported with their hobbies and interests and participated in a range of personalised, meaningful activities to meet their social needs.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and used to improve the quality of the service.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

There was an open and transparent culture at the service. The management team were approachable and a visible presence in the service.

Staff were encouraged and supported by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. However improvements were needed to monitor the quality and safety of the service provided and to drive on-going improvements.

Requires improvement

Monmouth Court 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 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 unannounced inspection took place 11 February 2015.The inspection team consisted of two inspectors, a specialist advisor who had knowledge and experience in nursing and dementia care 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 service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 18 people who used the service, nine relatives and visitors. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We spoke with the registered manager (referred to as 'Matron' by people who used the service, staff and relatives), the deputy manager, 16 members of staff, including care staff, catering, domestic, admin and activities staff. We reviewed feedback received about the service from five health and social care professionals. We also looked at care records for eight people, four staff recruitment and training files and systems in place for assessing and monitoring the quality of the service.

Requires improvement

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "It is lovely here; no complaints. I feel safe and the carers are brilliant." Several people told us that having their belongings with them in their bedrooms had added to their sense of wellbeing and feeling secure. One person said, "Having my bits and pieces with me not worrying what will become of them makes me feel better. Like me they are safe and secure here."

Systems were in place to reduce the risk of harm and potential abuse to people. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistle blowing procedures and their responsibilities to ensure that people were protected from harm. Staff knew how to recognise and report any suspicions of abuse. This included contacting the manager or in their absence raising a safeguarding with the local authority and notifying CQC. Concerns were reported appropriately and the manager completed investigations when required to do so. One member of staff told us, "Safeguarding is promoted and the contact numbers for who to call and what to do are in the office if you need them."

People had individual risk assessments which covered areas such as nutrition and moving and handling with clear instructions for staff on how to keep people safe. Outcomes of risk monitoring informed the care planning arrangements, for example sustained weight loss prompted onward referrals to dietetics services. We saw that people were being supported to move in a safe manner which was in line with their risk assessments.

Equipment, such as hoists had been serviced so they were fit for purpose and safe to use. The environment was free from obstacles which could cause a risk to people as they moved around the service. Records showed that fire safety checks and fire drills were regularly undertaken to reduce the risks to people if there was fire. Information including guidance and signage were visible in the service to tell people, visitors and staff of the evacuation process in the event of a fire.

We found inconsistencies with staffing levels in the service. In two of the three units (Powys and Harlech) we saw that there was enough staff to meet people's needs at a pace that suited them. However in the third unit Cilgarron, we found that the delegation and organisation of staff did not always mean people received the support they needed consistently and in a timely way, for example people in the lounge were left alone for long periods of time with no interaction whilst care staff were answering call bells or writing up care records. Some staff interactions at times appeared hurried and rushed.

We received mixed feedback from people about the staffing levels in the service. In two of the three units (Powys and Harlech) people told us that there were enough staff available to meet their needs. One person said, "Staffing levels have improved and staff are more organised in themselves; there are some good staff here." A relative told us how staffing levels had improved with less reliance on agency staff as vacancies had been filled and the team leader was effective in their role. They said, "It is better now, for the last month, lots of settled staff and the [team leader] is really getting to grips here." Staff also felt that things had improved for Powys and Harlech.

However in the Cilgarron unit people told us that staff experienced difficulties meeting their needs during busier times. One person said, "They need more staff; they are struggling especially if someone goes off sick. They could do with more help in the mornings up until about now (It was 11.30am) and it is worse in the early evenings." Another person told us, "Sometimes there is only two [care staff] and there should be three at night it happens often." They added, "The girls say can you wait a bit longer as we don't have enough staff here; why cannot Matron [manager] get a stand by when there is only two?"

Staff working on Cilgarron told us how being short of staff impacted on them and the quality of care provided. One told us that some activities don't go ahead because staff running them have to help care staff provide direct care to people instead. A staff member said "If someone phones in sick we manage with four. Everyone works together and there is a good team spirit."

The manager advised us they would immediately review the staffing arrangements in Cilgarron to address the concerns identified.

The manager demonstrated how they would review and monitor the dependency levels of people and the staffing arrangements with the team leaders to provide sufficient numbers of staff with the right skills and competencies to

Requires improvement

Is the service safe?

meet people's needs. However these improvements will need to be sustained to ensure people are consistently supported by sufficient numbers of staff with the knowledge and skills to meet their needs

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

People received their medication as prescribed and intended. Medicines were stored safely for the protection of people who used the service. We observed a member of staff appropriately administering medication to people. They dispensed the medication as per chart and locked the trolley when they were away from it ensuring no one else could access medications. They explained to people before giving them their medication what they were taking and were supportive and encouraging when needed. Medication was provided to people as prescribed, for example with food.

Good

Is the service effective?

Our findings

People were asked for their consent and staff acted in accordance with their wishes. Staff were able to respond appropriately to both verbal and non-verbal communication. One person told us, "They [staff] always check with me first if I need help or before they do anything." We saw that one person decided they wanted to remain in bed longer and did not want to have personal care but when the staff member returned at a later time they decided they did then want support to get up. This showed that people's consent was sought and assistance was not provided until the person had agreed to it.

People benefited from a staff team that were skilled to meet their needs effectively. Staff were provided with core training, refresher updates and had also received specific training to meet people's individual needs. This included supporting people with their diabetes, epilepsy and Parkinson's. People had different levels of dependency for staff to help and support them and the training they had reflected this. We saw a member of staff support a person who was distressed in a consistent and calm manner. They demonstrated their understanding of the person's needs and their reassurance comforted and settled them.

Staff told us they felt supported and were provided with opportunities to talk through any issues and learn about best practice, in regular team meetings and supervisions with their manager. Through discussion and shared experiences they were supported with their on-going learning and development. Staff had an awareness of how to support people with dementia and how it impacted on people in different ways. We saw this in how they adapted their approach to different people. For example a staff nurse described the individualised care arrangements in place and how best to support them to reduce their anxieties.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this. The Deprivation of Liberty Safeguards (DoLS) were being correctly followed, with staff completing referrals to the local authority in accordance with new guidance to ensure that any restrictions on people, for their safety, were lawful. Staff recognised potential restrictions in practice and that these were appropriately managed. For example, Staff understood that they needed to respect people's decisions if they had the capacity to make those decisions.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out to ensure that decisions were only made in their best interests. People's relatives, health and social care professionals and staff had been involved and this was recorded in their care plans.

People told us they had plenty to eat and drink, their personal preferences were taken into account and there was a choice of options at meal times. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitivity and respectfully.

Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. This included staff awareness of how to meet people's individual dietary needs in line with their personal preferences. For example, one person with a poor appetite was offered an alternative meal when they did not eat the first choice. When they declined this they were offered a milk shake by the member of staff supporting them. We saw that the person was encouraged to drink by the member of staff.

People said that their health needs were met and they had access to healthcare services and ongoing support where required. One person said that there were regular visits from their dentist, physiotherapist and that staff, "Will quickly call a doctor if you need one." Another person told us, "The chiropodist and optician come and I go to the hospital for my hearing aids."

Records showed routine observations such as weight monitoring were effectively used to identify the need for specialist input. Documentation showed that staff worked closely with Speech and Language Therapists and dieticians in relation to swallowing needs and people identified underweight on admission to the service. Discussions and supported assessments with staff and visiting professionals were recorded with the outcomes used to inform care planning.

During our inspection we spoke to a visiting social care professional who said that the manager and staff worked closely with relevant agencies to provide care to meet people's individual needs.

Requires improvement

Is the service caring?

Our findings

People told us that the staff were caring, kind and treated them with respect. One person said. “The staff are ever so lovely.” Another person talking about the staff said, “No problem, very kind and caring people.

All staff adapted their communication for the needs of people with dementia. Staff were skilled at using a variety of techniques to engage with people through appropriate use of language and also through non-verbal communication such as using reassuring touch to encourage or show understanding and compassion. All staff referred to people by their preferred names including nick names where appropriate, One person was seen to particularly enjoy the conversation with staff carrying out routine repairs. They engaged the person in their activity appropriately and demonstrated value for the person’s opinion of their work.

Relatives told us how the staff met people’s individual needs. One relative said, “They [staff] have got to know [person] and their ways. They understand how to meet their needs.” Another relative told us, “Its fine here and the care is pretty good, I am not faulting it.” Relatives told us they felt involved with decisions about care planning and that staff had encouraged them to contribute information about the person’s life story and preferences when the person could not supply it themselves and this was used to tailor their care. Records seen and our observations confirmed this.

People had developed friendships and were supportive and caring of each other. We saw that the gentleman’s club was well attended with people enjoying a game of dominoes. One person said, “I enjoy meeting up with the lads we get on really well and have a laugh playing our games.” We saw that people were patient and provided encouragement towards one person who struggled to place their pieces.

People were involved in making decisions about their care and in the development of their care plans. One person told us “They [staff] listen to what you say. Especially how you like things done; not a problem if you want to change something.”

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff took time to explain different options to people around daily living such as what they wanted to eat and drink, where they wanted to spend their time and who they wanted to be with. Staff listened and acted on what they said.

The majority of staff interactions with people were appropriate and caring. We saw staff chatting to people expressing an interest in their wellbeing and laughing and joking with one another.

However when a person newly admitted to Powys Unit arrived during lunch time not all staff recognised how stressful a transfer into a care home can be for people especially when discharged from hospital; they could be disorientated and not know what to expect. We saw inconsistent care from two members of care staff. One of the care staff was attentive, calm and reassuring. Taking time to orientate the person, explain what was happening and introduce people as they passed. The other care staff appeared distracted and impatient and did not interact meaningfully with the person. It took time for the person to adjust to their new surroundings and visibly appear less anxious. The admission experience for that person could have been improved had both staff members worked consistently together.

One person told us how the staff were polite and put them at ease when assisting them with personal care they said, “They say excuse me we have to turn you round now to wash you, is that ok? They [staff] are discreet and respectful. I don’t feel embarrassed as they make me comfortable and are so professional.”

The majority of staff respected people’s privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

However improvements are needed to ensure all staff demonstrate due regard for people’s dignity. We saw one instance which we brought to the manager’s attention where in preparing for the lunch time meal one member of staff did not maintain people’s dignity and gain their consent to wearing a disposable plastic apron to protect their clothes. They moved around the room approaching people from behind tying the aprons around their necks

Requires improvement

Is the service caring?

without making eye contact, explaining their actions or attempting any verbal communication to gain agreement. Instead focussing on their task. No other options such as napkins/serviettes were offered to people providing them with a choice. We also saw that some people had colds and needed more support than usual to maintain their personal hygiene and preserve their dignity. Staff did not always identify this or take action to help them feel more comfortable, for example providing them with tissues to blow their nose and supporting them to move in their chairs more regularly. The manager advised us they would look into this and improve dignity understanding and awareness amongst staff.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person commented, "They [staff] talked to me about what I wanted and needed. I told them when I wanted my bath and that I have my meals in my room, it's my choice." One person's relative said, "I feel that the staff have really connected with [person] and have learnt their [person's] ways for doing things. They have taken time to get to know them. I think they genuinely care."

Staff talked to us about people's specific needs such as their individual likes and dislikes and demonstrated an understanding about meeting people's diverse needs, such as those living with dementia. For example, how people communicated, mobilised and their spiritual needs. They knew what was important to the individual people they cared for. This was also consistently reflected in their care records

Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. They contained information about people' likes, needs and preferences. For example, what they liked to wear, how they liked to be approached and addressed. Information about people's life history and previous skills and abilities were used to inform the care planning process. This included planning activities which interested and stimulated them. We observed staff delivering care and support to people in line with their care plans which was responsive to their needs. The majority of daily records were task focused and generic. The manager explained how the provider was introducing a new format to enable staff to record their observations and comments about people's personalised care and wellbeing. Additional support for staff including training and internal communications was planned and this would address the discrepancies we found.

People told us that there were social events that they could participate in, both individual and group activities. One person said that there were, "Plenty of things to do and the staff were open to suggestions and new ideas." Another person said about the activities staff, "I like [staff member] very much, [staff member] makes everything enjoyable and fun." One person's relative described the activity staff as, "Enthusiastic and supportive," and that their relative had, "Plenty of things to occupy them from one to one sessions with staff to playing games and occasionally going out."

People were observed to take part in a variety of individual and or group activities that interested them. This included attending the gentleman's club, hair dressers, playing games and doing puzzles. We saw one person using a sensory cushion which their care plan stated they found calming and reassuring. Another person was colouring pictures and was enjoying showing people their book. In the Harlech unit the activities coordinator had arranged the furniture and was facilitating conversation that engaged each person making it a social occasion whilst people pursued their own interests.

In response to people wanting more activities and different things to do, plans were underway to enhance the units with themed areas that people could enjoy. This included setting up a tea room which people and their relatives had expressed an interest in helping with. Other ideas being developed included a 'resident' shop and beach hut.

Meeting minutes showed that people and their relatives were encouraged to give their views and suggestions for improvement about the service and these were acted on. For example, the quality and choice of food was an area commented on. The agreed action was for the chef to seek regular feedback from people. We spoke to the head chef who said, "I always walk around the units and talk to the residents to get their views about the quality of the food we provide." As a result of actively seeking out and responding to people's views further meeting minutes contained positive feedback about the improvement of the food.

People were supported to maintain relationships with the people who were important to them and to minimise isolation. People told us that they could have visitors when they wanted them; this was confirmed by people's relatives and our observations. One person's relative said, "I pop in as much as I can. Staff are very welcoming and friendly."

People and their relatives told us that they knew who to speak with if they needed to make a complaint. One person said, "Only ever had a problem [with member of staff] once and [team leader] heard and now [staff member] is alright with me. I did not actually make a complaint." Another person said, "If I did have a complaint, I would speak to the manager, they would sort it out." One person's relative told

Good

Is the service responsive?

us that they were aware of the complaints procedure and, "Never a problem to speak with the nurse in charge or manager if I have any issues, not that I have had any cause to."

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. People were asked if they had any concerns and were reminded about the complaints procedure in meetings which were attended by the people who used the service. Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. Records showed that where concerns had been raised the manager shared any learning and made changes to limit any reoccurrence whether for the person who raised the concern or others.

Requires improvement

Is the service well-led?

Our findings

People told us they felt valued, respected and included because the manager and staff were approachable, listened and valued their opinions.

Relatives said the manager and deputy were a visible presence, accessible to them and they had confidence in their running of the service. They said that they attended meetings regularly as they felt it was worthwhile because the management team had acted on the feedback given which improved things, such as food and choice of activities. Meeting minutes showed that people were encouraged to share their views at group meetings or could meet separately outside of the meeting if they preferred. One relative said, "I have gone to the meetings and found them very useful. I have also met with the matron [manager] to discuss individual matters. Matron [manager] is very reassuring and listens to you."

People, their relatives and staff were comfortable and at ease with the manager and senior team. It was clear from our observations and discussions that there was an open and supportive culture in the service.

People benefited from a skilled workforce because the manager supported staff to have input into the running of the service, learn and develop new skills and ideas. For example, in addition to standard qualifications some staff developed specialist knowledge and understanding within particular areas of care, becoming a 'champion' for that area and sharing their expertise with others.

People, relatives and visitors told us they had expressed their views about the service through regular meetings and through individual reviews of their care. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. We saw that action plans to address issues raised were in place and either completed or in progress. Meeting minutes showed people were encouraged to feedback about the quality of the service and to share ideas and suggestions for improvements. For example, people contributed towards decisions that affected their daily life such as menu choices and variety of activities offered. This showed us that people's views and experiences were taken into account and acted on.

Staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant professionals where required. Staff were aware of the provider's whistleblowing policy which meant they knew how to report any concerns to managers and agencies outside of the service and organisation.

Records and discussions with the manager showed that incidents, such as falls, complaints and concerns were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. This helped to make sure that people were safe and protected as far as possible form the risk of harm.

Throughout the inspection we noted there were some areas where changes could have been made to improve the quality of the service provided and experience for people using the service. The management team had not picked these up through their own monitoring systems. Whilst the manager assured us these would be addressed immediately, improvements are needed to ensure that shortfalls are identified independently; swift action is taken with outcomes supporting ongoing learning and sustained improvements. For example some medication PRN (As and when required) records were not completed comprehensively, we identified an area where practice for applying pain patches needed to be improved and instances where people's dignity had not been maintained.

Although there were a range of audits to assess the quality of the service the information provided was in a statistical format such as the number of pressure area sores of a specific grade. Information was limited as it did not contain details of how this was being managed, what actions were required and how this contributed towards a programme of improvement across the service. The manager advised us they were developing a quality monitoring tool to take account all the projects and actions undertaken to improve the service and people's experiences. This included outcomes from internal audits, the satisfaction survey and visits from the local authority and Clinical Commissioning Group. They explained how this tool would pull together all the different systems used to monitor and quality assure the service, reporting on the progress made and outstanding issues on a regularly basis. Following our inspection the manager submitted a service improvement plan including timescales for how identified shortfalls were to be addressed to develop the service and enhance people's experience.