

Healthcare Homes Group Limited

Barking Hall Nursing Home

Inspection report

Barking
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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 27 September 2016 and was unannounced. Barking Hall Nursing Home provides care and accommodation for up to 49 older people. There were 43 people living at the service on the day of our inspection. The previous inspection of 25 November 2015 found that the service required improvement. There was a breach in regulation in relation to staffing levels and this inspection was undertaken to follow up on this area.

The service has a new registered manager who had been appointed since the last inspection. 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.

We found that there were continued issues with staffing levels. Since the last inspection the provider had increased the levels of staffing but the needs of the people living in the service had also increased and this meant that the levels were no longer adequate. The manager and the regional manager assured us that they had already identified that further staff were needed to meet people's needs. We received confirmation, in the days following the inspection, that the staffing had been increased and that there were contingency arrangements in place to deal with events such as staff sickness. There were clear arrangements in place to check on staff suitability as part of the recruitment process.

The systems in place for the oversight and managements of risks were not working effectively and this meant that people were at risk of poor care. Medication was not consistently well managed so for example, people were not always receiving creams and lotions that they were prescribed. The arrangements to support people with diabetes were not sufficiently clear which could lead to people not receiving the medication they needed.

Staff had access to regular training but they were not always putting what they learnt into practice. Supervisions were not taking place regularly and consequently good practice was not being imbedded.

People were positive about the food and we observed that the meals were nicely presented and nutritious. However the deployment of staff impacted on the serving of meals and the support available to people. There were systems in place to identify those at risk of poor nutrition and additional snacks were available.

People had access to a range of community health care support and we saw that appropriate referrals were made to health care professionals.

People gave us contradictory feedback about the service and the relationships that they had with staff. Some people were happy with the care but others were not and told us that staff were rushed and not able to provide the care they needed. We observed both good and poor practice. Some staff were kind and caring

but others did not have regard for peoples dignity and did not give people the reassurance they needed.

There were care plans in place but there were omissions and they did not give sufficient direction to staff which meant that people were at risk of inconsistent care.

People had access to a range of activities to promote their wellbeing. People were positive about the opportunities provided to them to access the community.

There was a complaints procedure in place and we saw that people's concerns were responded to in a formal way. However the process did not follow best practice and we have made a recommendation regarding this.

The manager was supported by a deputy manager and a clinical lead. Staff and people using the service told us that they would like the manager to be more visible. The provider had a range of systems in place to collect information on risks and a number of audits had been undertaken. These had identified some but not all of the issues that we had found at this inspection. The manager and the regional manager told us that they had already made changes at the service and more were planned. They showed us their plans for improvement which included timescales by which they would be completed..

You can see what actions we told the provider to take at the back of the full version of the 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 consistently safe

The systems in place to manage risks were not effective and there were gaps in clinical knowledge

People's medicines were not always well managed

There was not always sufficient staff available to meet people's needs

Checks were undertaken on staff to ensure that they were suitable for the role and they received training on safeguarding and abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff received training but best practice was not always implemented.

People enjoyed the meals but the delivery of meals was not well organised and this meant that people had to be wait to be served.

Staff demonstrated an understanding of consent and their legal responsibilities regarding best interest decisions.

People accessed health care support when they needed to.

Is the service caring?

Requires Improvement ●

The service was not always caring

Some people benefited from caring relationships with staff but this was not consistent.

Care delivery was task focused, and did not always meet individual needs.

People were not always treated with dignity and respect

Is the service responsive?

Requires Improvement 

The service was not consistently responsive

Care plans were not sufficiently detailed

People enjoyed the activities on offer.

There were systems in place to investigate and respond to complaints. The policy was not however reflective of best practice.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Staff morale was low

The provider's had a range of governance systems in place and had started to make improvements at the service but these were not yet effective in addressing some of the issues.

Barking Hall 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 inspection took place on 27 September 2016 and was unannounced. The inspection was carried out by one inspector, a specialist advisor and an expert by experience. Our specialist adviser was a nurse with expertise in end of life care and wound care. The expert by experience had experience of health care and supporting older people.

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law. The provider had 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 spoke with the registered manager, the area manager, deputy manager and eleven staff. We spoke with twelve residents and four visitors. We reviewed care and support plans, medication administration records, recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

The systems in place for the oversight of equipment and management of risk were not effective. There were systems in place to identify risks such as those associated with skin integrity and we saw that people who had been identified as at risk had pressure relieving equipment such as specialist mattresses and cushions in place. However the documentation did not identify the settings that the equipment should be maintained at to promote skin integrity. One individual's weight had changed significantly but staff had not taken this into account. The setting on the mattress was no longer adequate for them and meant that the mattress was not working effectively and they were at increased risk. The settings for the pressure relieving mattresses should be clearly recorded and regularly reviewed. As a residents weight changes then adjustments to the settings should be made.

Equipment was not being checked or maintained to ensure that it was safe to use. We looked at a range of clinical equipment, such as syringe drivers, suction machine, and nebulisers. We found that some of the equipment was out of date and spoke to a senior member of staff about the checks that were undertaken. They told us that checks were not made or recorded. Equipment should be checked on a regular basis to ensure that it is clean, well-stocked, in date and ready to use, as the need arises.

Nursing staff were not using sterile equipment when they were undertaking invasive procedures such as catheterisation and wound care, which placed individuals at a high risk of infection. We spoke to the manager about our concerns and they told us that they would make an urgent order for sterile dressings.

This is a breach of Regulation 12 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People's medicines were not well managed. We saw that people had been prescribed creams and lotions but there were not always records of them having been administered. There were some body maps in place to guide staff on where on the body, the cream should be administered but these were not always clear or provided sufficient direction. Creams did not consistently have opening dates which meant it was not possible to ascertain when they expired. This meant that people were at risk of receiving creams which could be contaminated by bacterial growth or were longer effective.

We looked at the medication administration records for an individual who had diabetes. Staff were not recording how much insulin they were administering in relation to blood sugar levels. Where they were not administering the rationale for this was not recorded. We saw that there was a protocol for staff to follow when administering insulin, however this was not sufficiently detailed and did not provide sufficient guidance for staff to enable them to provide consistent effective care. Following the inspection the manager told us that they would be providing a diabetic care plan and putting in place additional checks.

We observed staff administering medication and saw that they administered one person's medicine at a time, and then signed to say they had administered. There were PRN plans in place to guide staff as to when medicines should be administered on an as and when basis. Short courses were highlighted and there were

clear arrangements in place to administer to people who were prescribed medicines at specific times. The medicines were stored securely when the staff left the trolley. Their approach to people was kind and they ensured that individuals had drink available to help them to swallow. One person told us that they received their pain relief when they needed it. "I ring the bell and they give me tablets when I can have them".

There were clear arrangements in place for the oversight of controlled drugs which included oversight by two members of staff and regular audits. However new stock was not being counted in following delivery and it was agreed by the manager that this would be undertaken. There were clear records for staff to complete when they administered patches to ensure that sites were rotated and used patches removed. Medication was securely stored in the treatment room and we found that the temperatures of the treatment room and fridges were monitored daily and were within normal ranges.

The issues we identified regarding medication are a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At the last inspection in November 2015 we identified a breach of Regulation as there was not enough staff to meet people's needs safely. At this inspection we found that the staffing levels continued not to meet the needs of individuals. The regional manager told us that since the last inspection they had put into place a new dependency tool and staffing levels had been increased. However they acknowledged that since the increase in staff, there had been an increase in dependency and there was a need for a further increase in staff. At the time of the inspection this had not been implemented but the regional manager told us that this had been agreed by the provider's senior management team and was imminent.

People told us that there was not sufficient staff and they had to wait for significant periods when they rang for assistance. One person told us, "They don't always respond when called", or may come to switch off the call bell stating that they will return. But we can wait up to half an hour and sometimes they forget." Another person said, "They keep you waiting too long. There are not enough hands. You wait for two people to come, and then they have to find a hoist." The person stated that the delay to be transferred to the toilet was "undignified and distressing". A relative told us that when they visited they, "Hear call bells ringing continuously." Our observations were that staff were busy and at 12.30 pm there were still people in their nightwear who staff were trying to assist and provide personal care. We spoke to a member of staff about this and they told us that they were meant to have people ready for lunch at 12.30 but it wasn't always possible. They told us that they still had to support a number of people to get dressed but confirmed that they had breakfast earlier in the day. We saw that one person had been sitting in their chair in their nightdress since 10am, we looked at the care plans for a number of the individuals and could not see that they had any preferences documented regarding this. Staff told us that they needed more staff, One person said, "We can't get to where we need to be quick enough." Another said, "We are not giving the care that [people] deserve."

We spoke to the manager and regional manager about the feedback and our observations. They told us that they were intending to increase care staff in the morning by a further member of staff and provide additional kitchen staff in the afternoon, which meant that care staff would not have to assist there. Following the inspection we spoke with the manager who confirmed that staffing levels had been increased and that they put into place contingency arrangements in the event of sickness to ensure that they were being maintained.

The service continues to have a number of staffing vacancies and at the time of the inspection was using agency staff to cover shifts. The manager told us that they were in process of recruiting additional staff but in the interim would continue to agency use.

Recruitment processes were in place to check on staff suitability and protect people. Staff told us that they had attended an interview and references had been obtained regarding their suitability. Examination of three staff files confirmed that relevant checks, including ID checks, criminal records check and appropriate references had been obtained on newly appointed staff. The manager confirmed that checks were undertaken with the nursing and midwifery council both at appointment and on an ongoing basis to make sure that nurses were registered and allowed to practice.

People told us that notwithstanding some of the issues that they raised about staffing levels they felt safe. One person told us, "They treat us pretty well here." Staff we spoke with knew about safeguarding and abuse, and told us that they had undertaken training on this area. Staff told us that they would tell the manager or one of the senior staff if they had concerns about a specific individual however they were less clear about the role of the local authority in undertaking investigations. The manager was clear about their responsibilities to raise concerns.

Is the service effective?

Our findings

At the last inspection we found that training did not always equip staff with the knowledge that they needed to carry out their role. At this inspection we found that staff had better access to training however practice remained inconsistent. For example when we spoke to nursing staff we found a lack of understanding of best practice in the areas of infection control and health care. We observed poor infection control practices such as care staff placing used gloves and aprons on the floor rather than in the bin provided. We observed two staff using the hoist and saw that they were unsure of the loops to use when attaching the sling. A senior member of staff intervened and ensured that the individual was moved safely.

One person told us, "I hate those things" referring to the hoist. They stated that they did not feel safe when being hoisted, as the manoeuvre was painful and the straps cut into their legs. We asked them questions to ascertain the reasons and they told us that it, "Depends on the operator." Another person told us, "Some of the carers were excellent; however some of the young girls don't put their mind to it."

Staff told us that they had not had recent supervisions or opportunities to sit down with a senior member of staff to reflect on their practice and identify learning. The manager told us that this had been identified and they were in the process of developing a matrix setting out responsibilities and dates for completion. The manager told us that a senior member of staff observed nursing staff administering medication to ensure that they were competent. They were planning to commence a similar programme for all staff on moving and handling.

New staff were completing the care certificate which is a new national framework which enables staff to demonstrate that they have the skills and knowledge in the care of older people. Staff told us that they attended a four day induction training course as well as having the opportunity to shadow more experienced colleagues before working independently.

We saw that there was matrix which identified which training staff had completed training and we saw that training was provided on a range of areas including safeguarding, moving and handling and fire safety. However there were gaps where some staff had not yet completed the required training. The manager told us that this had been identified and there was a plan in place with dates for further training programmed in. Staff told us that the access to training had improved.

People told us that they enjoyed the food and the meals were attractively presented and looked nutritious. One person we spoke with said, "The food is brilliant, you're always given a choice and asked what you would like". Another person said, "The food is not bad, you can have a cooked breakfast." Some people raised issues about the evening meal but we saw that the cook was in the process of consulting with people as part of menu planning. The cook knew each of the residents by name and spoke to them about what they were eating to ascertain their views. People were given the opportunity of extra portions and were offered a variety of drinks.

There were however issues with the deployment and organisation of staff which meant that there were

delays in serving the lunchtime meal and meant that people were sitting in the dining room for an hour and a half and their meal was not complete. We observed people becoming restless and asking where their dessert was. On the first floor dining room people were not always encouraged to eat and meals taken away half eaten.

Where individuals had been assessed as being at risk of malnourishment we saw that there was a system to fortify people's food and there were additional snacks such as fresh fruit and chocolate bars available. One member of staff had responsibility on the morning shift for helping people with drinks and they were clear about who needed fortification and additional assistance.

The service supported a number of individuals who required a soft diet. Relatives and staff spoke positively about the presentation and variety of pureed food. One person told us that cakes were also pureed so that people could enjoy them. We observed that items were separately pureed and served in ramekins which looked appetising. We observed that staff supported individuals by sitting alongside them and the assistance given was appropriately paced.

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

Training had recently been provided for staff on mental capacity act and they had been provided with pocket cards as reminders. We observed that staff asked people for consent before commencing support and offered people's choices as they interacted with them throughout the day. We did find with decisions such as Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) that this was well recorded.

People had access to health care support when they needed it. Staff sought specialist advice for people with specific health care needs and we saw evidence of referrals to a range of health professionals such as the speech and language service, diabetic nurses and physiotherapists. Where specific advice was given such as the use of thickener for people who had difficulty swallowing, we saw that this was in use. People told us that they had access to their GP, chiropody and dental care.

Is the service caring?

Our findings

People gave us contradictory feedback about the service and the relationships that they had with staff. Some people clearly were happy with the care. One person told us, "It's good here, I like the girls." Another person said, "All the staff are kind and understanding and they don't shout if I have an accident".

However a number of people told us that the staff were rushed and this impacted on them. One person said, "You are looked after well, but they don't give you time. You're not really encouraged to be independent and are rushed all the time." People also used descriptions such as, "so so" and "mediocre," to describe the care they received and the attitude of staff. One person said that the care was, "Not all good all the time. It depends if [the staff] speak. Sometimes they're miserable." Another person said that, "[The staff] could be more friendly."

Our observations reflected these contradictions. We saw that some staff knew people well and were kind and caring. We saw examples of staff speaking to people in a gentle way and being reassuring in their approach. People were offered choices and their views were respected. Other staff however were task orientated and busy. We observed examples of care being delivered with little explanation and in a brusque manner. For example we saw two staff supporting an individual to move by using the hoist, with little explanation or reassurance.

People's dignity was not always promoted. While doors were closed for the provision of personal care and staff knocked before entering, all staff did not consistently observe good practice. We observed two carers hoisting a resident into a reclining chair. The individual was wearing a skirt and was exposed during the manoeuvre as there was no screen or blanket in use to protect the individual's dignity. A male resident was sitting nearby and spoke to the carers and told them to, "cover her up". We later observed staff undertaking a similar manoeuvre with again little reference to the individual's dignity.

We saw that meetings were held with individuals and relatives on a regular basis. The minutes of the last meeting had been well attended, and feedback had been provided on changes at the service. We saw that people were encouraged to share their views, opinions and ideas. One person told us, "They ask us pretty regularly about the food."...On the whole they listen and if they can't do it they look for an alternative."

Is the service responsive?

Our findings

At the last inspection we found that care plans varied in quality. As part of this inspection we looked at a sample of care plans and found that people's needs were not always fully documented and the information was not all up to date. This meant that they were not providing clear direction to staff about meeting people's needs. For example in respect of catheter care they did not document the size or the arrangements and responsibilities for changing bags. When we looked at one individual's care we could not see that they had their catheter bag changed for four weeks. This placed them at risk of infection. The arrangements in place to support skin integrity was not clear or well organised which meant that it was difficult to monitor and meant that people were at risk of inconsistent care. Photographs of wounds or wound measurements were not consistently in place. Without a photograph or any measurements it is not possible to monitor if a wound has improved or deteriorated or requires a change of type of dressing for the most effective care. The systems for undertaking dressing changes were not clear, and we saw for example that dressing changes had not been undertaken as planned.

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

People's needs were assessed before they moved into the service and we saw that others including family and professionals had been consulted and contributed to the care plan. One relative told us that they and their relative had been involved in the discussions about admission and their preferences had been discussed.

Care plans were supplemented by records in people's rooms which included repositioning records which staff signed when they repositioned those individuals at risk of pressure damage. We saw that handovers were undertaken at key points in a day to ensure that information was handed over between staff. However on the day of the inspection this was undertaken between the nursing staff as the care staff were busy finishing the lunch time service. The nurse told us that they would speak to staff individually.

People were supported to follow interests which promoted their wellbeing. People told us that there were a range of activities on offer which they liked to participate in such as quizzes and chair exercises. On the day of our visit the activities member of staff took a small group of people to the local supermarket. People liked these trips out and we were told that a larger trip to the seaside was planned for the following week. The majority of the activities took place in one of the ground floor lounges although we were told that other one to one activities were provided. Staff were positive about the activities although one person said, "The activities downstairs are good but there is not a lot going on upstairs, and I think that [the residents] would like something."

There was a complaints procedure in place for people to use to raise concerns which referred people to the regional manager, the local authority and CQC. However the role of the Local government ombudsman was not documented. We looked at the records of complaints and saw that concerns had been investigated and where shortfalls found apologies given. We saw that the service also maintained a complements folder and

saw a relative had written to thanks staff following a trip out and said" This was my relative's first trip out for over a year."

We recommend that the provider takes advice from a reputable source on the management of complaints.

Is the service well-led?

Our findings

The manager was relatively new in post although they had worked in the service in the past in another capacity. The manager was supported by a deputy manager and a clinical lead. We were told that these senior staff provided out of hours cover and covered for emergencies.

Staff morale at the service was not high. There were a number of staffing vacancies and the service was dependent on agency staff. Staff told us that there was also some staff sickness and this meant that when they could not get a replacement that, "They had to rush and try and get things done quickly." The manager told us that they were aware of the issues and was recruiting new staff and engaging with existing staff on developing the service. They told us that they were making changes as a result of listening to staff such as changing the morning routines to enable people to have their breakfast earlier. Another initiative which they had introduced was the 11 at 11 meeting when key personal such as the cook, deputy manager and the housekeeper came together to discuss any issues, plan the day and reflect on the needs of the resident who is "resident of the day."

Staff told us that the new manager was "nice" and "approachable" but busy and not always visible. This was echoed by people living in the service who told us that they did not know or see the manager. People told us that they speak to the deputy manager. One person told us that that, "They lack good organisation. It's improved but there's still a gap".

Staff confirmed that the manager had started to make gradual changes at the service. There was more training and there were increased numbers of staff meetings, which they viewed positively. Some furnishing had been updated and equipment such as moving and handling slings had been replaced and this meant that there was sling available for those who needed them. A new call bell system was due to be fitted which the manager told us would enable better monitoring of call bell response times.

The manager had oversight of risk areas such as people losing weight, urinary tract infections and falls. The documentation on falls for example incorporated the new NICE guidelines and enabled falls to be analysed by the time and the location. This enabled the service to identify any external factors or trends. This information was reported to the provider on a monthly basis. Following the inspection they told us that they had introduced a wound care tracker to ensure closer monitor of skin integrity.

We saw that the manager and other key staff such as the regional manager completed a series of audits including tissue viability, medication, health and safety. The audit findings were used to identify any concerns which required escalation to prevent a reoccurrence. The manager also showed us external audits which had been undertaken by the pharmacy and the clinical commissioning group. We also saw that the provider had commissioned a report from an independent consultant to identify shortfalls. The report was available and a list of actions had been identified.

This report and the other audits contributed to the service development plan which looked at the services in relation to the key lines of enquiry. The manager assured us that they had already identified some of the

areas we found and had a plan to address the issues. For example they told us that they had recently identified that prescribed creams and lotions were not working effectively and had identified that the staffing levels were not meeting people's needs. This demonstrated that the provider was taking steps to improve the quality of care provided.

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
Treatment of disease, disorder or injury	Care plans were not sufficiently detailed and were not always up to date. This meant that people were at risk of receiving inconsistent care.

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	(e) Equipment was not being regularly checked and staff were not always using sterile equipment when they were undertaking invasive procedures. This placed individuals at risk of receiving unsafe care. (g) People were not always receiving their medicines as prescribed