Birchester Medicare

Polebrook Nursing Home

Inspection report

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Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced.

At our last inspection that took place in June 2013 there were no breaches of legal requirements of the five regulations inspected.

Polebrook Nursing Home is a large residential home with nursing, which is owned and managed by Birchester Medicare. It is registered to provide accommodation for people who require nursing or personal care and treatment of disease, disorder and injury for up to 51 people. There were 45 people living in the home when we visited.

There was a registered manager for the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Although staff had undergone an induction and training, there were further computer training courses that needed to be completed such as food hygiene/handling, first aid, palliative care/end of life and prevention and control of infection. This indicated some staff had not completed all the training to give them the knowledge and skills to provide and meet people's needs, which meant there had been a breach of regulation.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw information that best interest assessments had been completed for some people who lacked capacity. We found the location was meeting the requirements of the Deprivation of Liberty Safeguards.

Although people told us there were not always enough staff in the home we observed that the number of staff during the inspection, together with looking at the rota, showed there were enough staff available to meet people's needs. There were extra staff on duty at times when people needed more assistance. During the inspection we noted that people's alarms were answered quickly.

People who needed to use the hoist had commented that the manoeuvre was uncomfortable, although no complaints had been made to the registered manager. The registered manager intended to review the care plans and give further training and check competency of staff so that people's wellbeing was maintained.

Summary of findings

All the people we spoke with, and their relatives, said the care was good and staff were caring. However they told us that they had found problems when communicating with staff as many did not have the same first language as they did. Staff told us they had been given English lessons and we found that most were able to converse well. There were always staff on duty whose first language was English therefore people could be confident they could be understood.

We saw that people had access to a wide variety of health professionals who were requested appropriately and who provided information and plans to maintain people's health and wellbeing.

People and their families told us there were not enough for them to participate in during the day.. We found that even though there were two full time and one part time staff members responsible for leading on activities, improvements were needed to ensure people were supported to pursue their hobbies and interests.

There were systems in place to monitor and improve the quality of the service but there were no action plans available to demonstrate that actions had been taken to address any shortfalls identified. The 2014 quality assurance questionnaires were not due to be collated until September.

People who used the service, their relatives and staff told us they would be confident raising any concerns with the management and that action would be taken.

You can see what action we told the provider to take at the back of the full version of the report.

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?
The service was safe.

Staff knew how to recognise and respond to abuse and safeguarding alerts were sent appropriately to the local authority. The service was following legal requirements regarding mental capacity and deprivation of liberty safeguards. This meant people were kept safe by staff who understood and could respond to abuse or changes in their mental health.

There were sufficient staff to meet people's needs, although there was an issue about communication as many staff did not have the same first language as people who used the service.

Good

Is the service effective?
The service was not consistently effective.

Staff received supervision and appraisals but had not completed the training specific to their role that the provider expected.

Improvements were needed because there were some times when people were not given choices about their meals.

People told us that staff were competent and other health and social care professionals were involved in people's care.

Requires Improvement

Is the service caring?
The service was caring.

All the people we spoke with and their relatives said the staff were caring and considerate and maintained their dignity and treated them with respect.

People and their relatives were involved in plans for their care.

Good

Is the service responsive?
The service was not consistently responsive.

Although there were three staff members appointed to take the lead on activities, people told us their choices about what they engaged in were very limited.

People knew how to complain if they needed to. The provider has had no complaints about the service but has had compliment letters and cards.

Requires Improvement

Is the service well-led?
The service was not consistently well led.

Requires Improvement

Summary of findings

Although there was a system to assess and monitor the home, evidence was needed to show that the responses from people were used to improve the service.

Audits had been completed and the information recorded. Safeguarding concerns, accidents and injuries were monitored to make sure any trends were recognised and dealt with quickly to make sure people in the home and staff were supported and safe.

Management was aware of the day to day culture in the home and staff were updated on new and changing methods to ensure good practice.

Polebrook Nursing Home

Detailed findings

Background to this inspection

We visited Polebrook Nursing Home on 6 August 2014. The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who has used this type of care service.

Before the inspection, 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.

Prior to the inspection we reviewed the information we held about the service, including the reporting of safeguarding and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the commissioners of the service to obtain their views on the service and how it was currently being run. Commissioners are people in organisations, such as social services, who authorise and pay for people to live in the home.

During our inspection we spoke with 12 people who lived in the home, five visitors, two senior care staff, two care staff, one kitchen assistant and the registered manager. We looked at the care records of five people, observed care and reviewed management records including audits. We looked at the staff rota dated 7 July to 4 August 2014 and the three week menu.

Good

Is the service safe?

Our findings

We spoke with nine people in the home and three relatives who felt that there were times when there were not enough staff on duty. One person said: “They can be a bit rushed and short when there are not enough staff” and another said: “They could do with more staff during the mornings and evenings - rising and bed times and at the weekends.” However, when we looked at the staff rota from 7 July to 4 August 2014 and checked those on duty during the inspection, we found there were sufficient staff to meet people’s needs. There was further evidence that if people required an escort to hospital or other appointment an extra member of staff was made available and this was recorded on the rota. Staffing levels were calculated based on an assessment of the needs of people in the home to ensure the number of staff on duty was sufficient.

People told us that there were alarms available to summon help and that they worked. Although some people said they had to wait a long time before staff attended to them we did not find that they had to wait for more than a few minutes before staff arrived. One person said: “Sometimes you have to wait a long time, about half an hour or more. It depends on what time of the day.” The manager was made aware that people had commented on the time they waited for staff to answer their alarm. We were confident checks would be made by the manager to ensure people were kept safe.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The purpose of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) is to protect people who cannot make their own informed decisions to ensure they are not being deprived of their liberty by being restricted. We saw that staff followed the principles of the MCA and staff we spoke with had a good understanding and described how they supported people to make decisions. We looked at the care records for two people and saw there were MCA assessments and best interest decision assessments in place. There was information that showed what the person was able to discuss and decide upon, as well as the things that they required some help with. Instructions helped staff when there were issues and how to record information. This meant people were protected but were able to make the choices that could help them remain as independent as possible. At the time of the inspection no-one in the home was subject to any restriction. The registered manager was aware there had been changes in the DoLS and that people using the service may now need to have a DoLS in place. There had been contact with the local DoLS professional and continuing care staff so that all those in the home would be supported and protected from harm.

We looked at the safeguarding reports referred to the local authority and saw that they had been dealt with appropriately and the outcomes recorded. Safeguarding policies and procedures were in place and information on where to report any issues was available in the home. Staff records showed that staff had received training in the protection of vulnerable adults. Staff we spoke with were clear about how to recognise and report any suspicions of abuse. Staff we spoke with were aware of the whistleblowing policy and understood they could take any concerns to appropriate agencies outside of the service and organisation. This showed that staff were aware of the systems in place to protect people.

Risks to people had been assessed, identified and documented so that staff knew how to keep people safe. Staff we spoke with were able to give examples to show they understood how to support and protect people. One relative asked about the temperature of the bath water as their family member felt the water was sometimes too hot or too cold. We checked the water temperature audits for the home and they were all within the appropriate limits. Staff confirmed that they were aware the person had a skin condition and checked the water temperature before the person got in the bath. One person had behaviour that could challenge others and there were comprehensive daily notes, together with a behavioural record, staff intervention and referral to the GP. This meant people could be assured staff would respond to individual needs, support them and refer to other professionals where necessary.

Requires Improvement

Is the service effective?

Our findings

All five staff we spoke with told us they had completed an induction and on-going training. Information showed that all staff had undertaken training in dementia care, fire safety, health and safety, safeguarding and dignity and respect. At the time of the inspection 20 staff had not received updated safeguarding training, however the registered manager confirmed this was due to be completed in the next two weeks and we were confident it would be done. Staff told us that most training was completed on the computer, although external trainers were used for some courses such as safeguarding, medication and fire. There were details of other training courses that had been organised such as diabetes; end of life care and first aid. However, information showed few staff had undertaken training in food hygiene, under a quarter in medication safe handling and awareness and under a quarter in malnutrition care and assistance with eating. This meant staff did not have up to date training which might impact on the care people received.

We saw that just over half the staff had undertaken training in moving and handling. During the inspection we spoke with people who required to be hoisted. One person said: “Yes, I need a hoist to move me. Sometimes I feel safe and sometimes I don't. They are painful to use. It's pulling and it's very painful when they move me. It's the only way to get me moved.” One relative told us: “The hoist seemed to be a problem. They cause [name] a lot of pain when they try to move [them] but it's the only way they could move them.” Another commented: “I'm not sure if they are putting the hoist in the correct way. [name] tells me that it pinches their leg.” Three staff we spoke with told us they had received specific training on pieces of equipment used for people in the home. They had also been checked to ensure they were competent to move people using the hoists. We spoke with the registered manager who said no-one had raised any concerns and there had been no marks noted on people’s bodies when their personal care had been given. The registered manager said they would immediately review people who were hoisted and further training would be given for all staff as soon as possible to ensure people were not at any risk of injury or harm.

We could not be assured that staff had the knowledge and skills to provide and meet people’s needs through training. This meant there had been a breach of Regulation 23 of the Health and Social Care Act (Regulated Activities) 2010.

All five staff we spoke with told us that they had regular support and supervision with a senior member of staff. They told us everything was written down and they were able to discuss any specific training needs and also had a yearly personal development meeting. Further information in staff files confirmed supervisions took place.

Although most of the people we spoke with and their relatives said the staff had the right attitude and skills, there was a problem with staff not always understanding or being understood by people. One relative said: "Due to the language it was difficult for [my relative] to ask for some things. They don't understand and do not know what she's asking for.” Another said: "I have no concern with regards to [my relative’s] safety and care. I think they are doing their best.” For one person the number of staff who could speak with them in their first language was very positive. We saw that staff were able to effectively calm the person when they became unsure and upset. The registered manager was aware that language communication was a problem and had provided staff with training courses to learn English and that English speaking staff helped them with this. We checked the rota and this showed that any risk was minimised as there were always English speaking staff on duty.

When we looked at the menu for three weeks we saw that there were limited alternative choices for people. Seven out of nine people and three visitors we spoke with believed there was no choice of meals. One person said: “They just bring the meals in to me. They don't ask what I want.” Another person said: “There is no choice with the main meal, no menu to choose from. The meal is very limited. There is a choice for breakfast.” People told us their meals were put in front of them, although four people told us they could have an alternative if they asked but it was not routinely offered. One relative said: “He doesn't get to choose his meals; they just bring the meals to him. We've never seen anyone asking him what he would like. Is there a menu? We’ve not seen one. He gets plenty to drink. They come round with the hot drinks.” Staff told us that people were given a choice for breakfast and this was seen during the inspection, however that was not the case at lunchtime. The registered manager said that the staff knew

Requires Improvement

Is the service effective?

what people liked and did not always offer people a choice, especially in the dementia unit. Improvements were needed to ensure choices were offered. There was evidence that people's health in relation to nutrition had been monitored and their needs had been met.

People we spoke with and their relatives, confirmed that the GP visited every Thursday, but would be called at other times when needed. The chiropodist, optician and dentist either visited the home or people were taken out for private appointments. One person told us: "Chiropodist, dentist and GP are available if I need them." There was evidence in people's files that other professionals such as dietician, speech and language therapist (SALT) and community psychiatric nurses visited the home when necessary and provided information and advice for staff. This meant people's health and welfare was supported by other professionals.

Good

Is the service caring?

Our findings

All of the people we spoke with said the staff were very caring and kind. People told us the staff always knocked before entering and this was seen on the day of inspection. We saw staff treated people with respect and compassion, and people told us: “Staff are quite good. They are kind and courteous. They do what I ask them to do” and “The carers seem alright. They respect my privacy and dignity.” Relatives we spoke with confirmed the view that the staff treated people with dignity and respect and one relative said: “Yes, they are very kind and they do treat her with respect and dignity. They always knock at the door before they enter the room. They are polite.” Another said: “They close the door and pull the curtains closed when they have to do anything for him.” Five out of nine people we spoke with said they were helped to remain as independent as possible and one person said: “You can tell them and explain what you like and what you don't.” This meant people were treated with dignity and respect by staff who understood and promoted independence.

Information in the statement of purpose showed that people who lived in the home and/or their representative would be involved in any assessment or review of their care. In discussions with people and their relatives and evidence in people’s care files showed they had signed to agree how their care should be provided and their needs met. The manager confirmed that people had family members acting on their behalf but had details of advocacy services information available if it was needed.

The atmosphere in the home was warm and friendly and people sat where they wanted in all areas in the home. We saw that staff who were just passing by a person spent a few moments to check that they had what they needed. We heard lots of laughter and saw this was between staff and people in the home as well as between individuals living in the home.

There was some information about people’s life histories in the three care files we looked at, but the registered manager showed us evidence that she had ordered the ‘This is me’ booklet from Age UK. This provided a template to build a picture of the person’s life, their early days, work, family and hobbies so that staff can have meaningful discussions and respond to people positively. Staff we spoke with knew the people they supported and were able to tell us how they encouraged people to say what they wanted. There was evidence during the day that staff listened to people and gave them the time they needed to respond.

Although three people we spoke with said they were unaware that there were regular meetings for people who lived in the home, we found that meetings had taken place. Minutes of the meetings were available. This meant people had the opportunity to attend meetings and express their views if they wished.

Requires Improvement

Is the service responsive?

Our findings

There were three members of staff whose role was to co-ordinate activities for people in the home. One worked Wednesday, Friday and Sunday and the other two worked Monday to Friday. On the day of inspection there was a musician who encouraged people to join in the songs as well as use some musical instruments. This was set in the central atrium, which meant people could watch and listen from each of the units as well. Three people we spoke with said there was little for people who: "…had their faculties" to do. They wanted a game of cards or something more stimulating. The type of activities we saw recorded included nail painting, dancing, colouring, watching TV and reading the paper.

One person said: "No one comes in to have a chat with me, only when I have visitors. They don't ask what interests me or what I would like to do. I love the music and films like Mary Poppins, The Sound of Music etc." One relative said: "There are no social activities organised. [My relative] is in his room most of the time. He does go to the dining room for his meals. He goes to the communion service which he attends once a week and he likes the music." Other people said they sat outside when the weather permitted, had relatives who took them out or just sat in their room knitting, looking out of the window or watching TV. Staff told us that they sometimes assisted people to go to the local pub. We saw that staff had recorded when a person did not want to take part in an activity, which meant people's relatives could see what had been offered to them. We discussed activities with the registered manager who said they would speak with the activities staff to look at a more varied and interesting selection of activities to occupy people. Improvements were needed because people told us there were only limited activities which were not stimulating.

We saw that visitors were made welcome by staff and there was an open door policy so that they could visit at any time. This was especially welcomed when people were at the end of their life and we read the positive comments made by relatives in the letters and cards sent to the home.

There had been no written complaints made to the manager or provider about the home. There were over 50 cards and letters from relatives expressing their gratitude and appreciation of the level of care provided by the staff in the home. People who were asked about complaints were aware they could raise concerns. One person said: "I've got no complaints. If I've got any worries, I'll just tell my daughter." There was a complaints policy and procedure available in the home and there were details in the statement of purpose and service user guide, which are provided to anyone who comes into the home.

The registered manager said the care records were being changed from a paper system to computer. This meant reviews and any record that needed to be updated would be flagged on the computer. We looked at the care records for five people and saw that care plans had been reviewed and updated regularly. Two people we spoke with said they thought there must be a care plan but did not remember having seen it or been part of it. One person said: "They don't really come and talk to me about my needs." The registered manager said people and their relatives, together with the local authority and other health professionals where applicable, were part of the reviews and we saw evidence that people had signed to say they had attended. The registered manager told us that each nurse was allocated a number of people to update care plans each month and was given extra time to do it. The nurses we spoke with agreed and said the updates were completed with the person.

Information about any injuries sustained by people showed there were appropriate referrals to external health services such as the district nurse and GP. There was detailed information which included body maps and the care given to the person, and this was cross referenced where treatment was given by the district nurse or other professional. This meant people received the personalised care and treatment they required to meet their needs.

Requires Improvement

Is the service well-led?

Our findings

People were asked if they knew who the registered manager was and some were unsure, but one person said: "The manager, [name] is very nice. She's always on the go." Another said: "I know which one, but I don't know her name. She comes in most mornings." All staff we spoke with told us they felt supported by the manager and that they were able to discuss anything with her. One said: "We are listened to all the time." Staff told us they could raise any concerns, be listened to and information shared which meant the service could be improved.

We saw that a number of audits and checks were regularly made in the home. There had been fire drills in July 2014; one for day staff and the other for night staff. The last fire service report was written in February 2014. There were some issues raised but the registered manager showed us they had been addressed. There were monthly audits about care documents, kitchen area, staffing and training, accidents and complaints. These were checked by the registered manager to see if there were any trends that they needed to be aware of or actions that needed to be taken to ensure a safe and caring environment for people and staff in the home.

The registered manager said there was a system in place to identify staffing levels and that shortages were acted upon. There was information available that confirmed this and meant people could be assured that the care they received was delivered by appropriate levels and skill mix of staff.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed and actions were identified and taken. We saw that safeguarding concerns were raised where appropriate and the outcomes recorded. Notifications were sent to us when required. There had been no complaints about the service. This meant there were effective arrangements in place to review and analyse safeguarding concerns, accidents and incidents and that the provider had learned from these.

There were details of the minutes of the last 'residents/ relatives' meeting held on 28 May 2014. People had commented that "points raised at the meetings are not taken further". The registered manager said they would report any changes they had made at each future meeting, so that people knew their views had been listened to and what action had been taken. We saw that people had asked that the minutes of meetings be made available and the most recent minutes were now in the reception area of the home.

The registered manager said there had been a quality assurance questionnaire sent last year to people who lived in the home and their relatives. However the responses from the last year had not been incorporated into a report or action plan. Improvements were needed as it was not possible to see if the provider had made any improvements to the home. One relative said: "I've not been asked to make comments or questionnaire about the quality of the service", however the registered manager said the 2014 questionnaires had been sent to people who lived in the home and their relatives and was awaiting the responses. The information would be used to write a report so that in future there would be evidence that the home had made improvements as a result of the comments.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Suitable arrangements were not in place to ensure persons employed had undertaken the appropriate training. Regulation 23 (1) (a)