

# Bupa Care Homes (CFHCare) Limited







# Capwell Grange Nursing Home

## Inspection report

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## Ratings

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

## Overall summary

We carried out this inspection on 23 and 24 October 2014, and it was unannounced.

Capwell Grange Nursing Home provides accommodation, care and treatment for up to 146 people who require nursing and personal care. The service consists of five purpose built single-storey units. Older people were supported in four units and the fifth unit was for younger

adults. At the time of the inspection, there were 141 people being supported by the service, some of whom were living with dementia, mental health issues and physical disabilities.

At the last inspection on 29 and 30 May 2014, we had told the provider to make improvements to ensure that people were cared for in a safe, clean and hygienic environment, and improve how they assessed and monitored the quality of the service provided.

# Summary of findings

The service is required to have 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. At the time of our inspection, there was a manager in post and they had commenced the process to register with the Care Quality Commission.

People had risk assessments in place that gave guidance to the staff on how risks could be minimised. There were systems in place to safeguard people from the risk of abuse.

The home was clean and hygienic.

People's privacy was protected, but people had not always been asked if they wanted to keep their bedroom doors opened.

The provider had effective recruitment processes in place and there were enough staff to support people. People's needs had been met in a timely manner to promote their independence and dignity.

The manager and the nurses were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However, some of the care workers knowledge was limited and the provider had already recognised this shortfall in knowledge.

Medicines were managed safely. People were supported to have sufficient food and drinks by caring and compassionate staff.

People's needs had been assessed, and care plans took account of people's individual care and treatment needs, preferences, and choices. People were supported to take part in recreational activities they enjoyed.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to enable them to improve the quality of the service.

# 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.

Medicines were managed safely.

Staff were recruited safely and trained to appropriately meet people's needs. There were enough staff to provide the support people needed.

Safeguarding and whistleblowing guidance enabled the staff to raise concerns to keep people safe.

Good



### Is the service effective?

The service was effective.

The manager and senior staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat sufficient and nutritious food and drink. They also had access to other health and social care services when required.

The staff had received regular training, supervision and appraisal to enable them to effectively meet the needs of the people they supported.

Good



### Is the service caring?

The service was caring.

The staff respected people's wishes and choices and promoted their privacy.

Interactions between the staff and people who used the service were positive and respectful

The staff knew the people they supported well and that they understood their needs.

Relatives were encouraged to visit whenever they wanted.

Good



### Is the service responsive?

The service was responsive.

People were supported in a timely manner that enabled them to maintain their independence and dignity.

People's needs had been assessed and the care plans took account of people's individual care and treatment needs, preferences, and choices.

The service provided varied and meaningful activities that people enjoyed.

People's complaints were handled sensitively, and action was taken to address the identified issues to the person's satisfaction.

Good



### Is the service well-led?

The service was well-led.

Good



## Summary of findings

The new manager had made significant improvements to the service to ensure that they provided safe, effective, responsive and compassionate care and treatment.

People who used the service and their relatives were enabled to routinely share their experiences of the service. This information was used to improve the service.

The staff were encouraged to contribute to the development of the service.

# Capwell Grange 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 23 and 24 October 2014, and was unannounced. The inspection team consisted of three inspectors and an expert-by-experience, whose experience was in the support of a person living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses 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. We reviewed the information in the PIR, along with information we held about the service. This included a review of the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with 19 people who used the service, five nurses, nine care workers, two cleaning staff, four relatives, four visiting professionals, the manager and the area manager. We carried out observations in communal areas of the service. We also used the Short Observational Framework for Inspection (SOFI) for 35 minutes in one of the units supporting people living with dementia. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us due to their complex needs. We contacted health and social care professionals to obtain their views about the quality of the care and treatment provided by the service.

We looked at the care records for 14 people who used the service. We looked at six staff records to check whether the provider had appropriate recruitment processes in place. We also looked at the training information for all the staff employed by the service, supervision records for four staff, and information on how the service was managed. We reviewed an action plan that the manager had completed in response to issues identified in a recent review by the local authority.

# Is the service safe?

## Our findings

During our inspection on 29 and 30 May 2014, we had found that the provider did not have effective systems in place to maintain a clean and hygienic environment. The premises had also not been adequately maintained. This did not ensure that people were protected against the risk of acquired healthcare infections and injury.

We checked if improvements had been made during this inspection. We found that all the required improvements had been made to ensure that people were cared for in a clean and safe environment. The provider had also purchased new slings to ensure that these were not shared by people to reduce the risk of acquired infections. The provider had taken additional steps to ensure that the improvements were maintained by appointing a senior housekeeper, and a staff member with responsibility for infection control.

People we spoke with told us that they felt safe. One person said, "I feel very safe here. I am looked after very well indeed. If I had any concerns I would raise them with one of the staff or the manager." Another person said, "I feel safe and I am happy with the support I get from the staff." We also observed that people were relaxed and interacted freely with the staff that supported them.

People's relatives we spoke with had no concerns about the safety of the people who used the service. We saw that the provider had safeguarding and whistleblowing guidance for the staff to enable them to raise concerns when people were at risk of harm. Whistleblowing is when a member of staff reports suspected wrongdoing at work. The staff we spoke with knew how to report concerns and they also demonstrated their awareness of the whistleblowing policy. A review of our records showed that the provider reported concerns appropriately. One of the staff said, "I have never felt that people were at risk here. If I witnessed anything, I would normally report it to the unit manager first."

We found that people had risk assessments in place that gave guidance to the staff on how risks could be minimised. We saw that the provider ensured a balance between encouraging people to maintain their independence and protecting them from harm. An example of this, was that people assessed as being at high risk of

falling were encouraged to remain independently mobile as much as possible. For some people, this included the staff walking alongside them when using their walking aids to move around the home.

We saw that there were systems in place to manage risks associated with the day to day operation of the service. We saw that a fire risk assessment had been completed to identify possible risks and give guidance on how these could be minimised. Each person also had a Personal Emergency Evacuation Plan (PEEP) in their records. These identified the support people would require to ensure safe evacuation in the event of an emergency. We also observed that the staff safely used the equipment necessary to support people with restricted mobility.

People we spoke with told us that there were sufficient staff to support them. One person who was being supported in their bedroom said, "The staff are always in and out to check if I am fine." One relative said, "I was only worried about their safety at night, as they wake up and walk around the home. I spoke with the staff about this. I cannot believe how quickly our worries were addressed. Additional staffing was put in place immediately." We observed that there were enough staff to meet people's needs and the staff told us that they had time to support people safely. We looked at the provider's 'dependency assessment tool' which demonstrated that the needs of people who used the service had been taken into consideration in deciding the number of staff required to support them.

We saw that the provider had effective recruitment processes in place. We found that appropriate pre-employment checks had been undertaken, including confirmation of the nurses' registration with the Nursing and Midwifery Council (NMC), obtaining references from previous employers and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We observed lunch time medication being administered. People were not rushed to take their medicines and the staff administering medication interacted well with people during this process. We reviewed medicine administration records (MAR) and found that people received their medicines as prescribed. Stock checks of all medicines were conducted twice daily. All medicines prescribed and

## Is the service safe?

dispensed were individualised and stored accordingly in the medicine cabinet. This demonstrated that the provider had appropriate arrangements in place to manage medicines safely.

# Is the service effective?

## Our findings

People told us that their consent was sought before any care or support was provided and we observed this during the inspection. Where possible, people or their representatives had signed the care plans to indicate that they agreed with the planned care. Where people did not have the capacity to consent to their care or treatment, we saw that mental capacity assessments had been completed and a decision made to provide care or treatment in the person's best interest. This was in line with the requirements of the Mental Capacity Act 2005 (MCA). The manager was aware of their responsibilities under the MCA and in relation to the Deprivation of Liberty Safeguards (DoLS). We saw that they had taken steps to apply for authorisations from the local authority to ensure that people were appropriately protected under the DoLS safeguards and these had been granted for six people who used the service.

Staff told us that they were supported with training and development opportunities and were encouraged to obtain vocational qualifications to enhance their knowledge of people's care needs. We saw that there was an induction programme for new staff and an on-going training programme was in place for a variety of relevant subjects, such as, safeguarding people who used the service (SOVA), pressure ulcer care, dementia awareness, and nutrition and hydration. The training records confirmed that this training had occurred and staff felt that this had helped them gain the basic skills required to care for people in the home. Although records showed that the staff were also trained in MCA and the associated DoLS, we found that not all of the care staff had a good understanding of these legal requirements. Some of the care workers were not able to tell us why mental capacity assessments were necessary for some of the people they supported. The manager had already identified this shortfall in knowledge and showed us evidence of planned additional training in MCA, DoLS and dementia care. We saw that a system of staff supervision was in place to ensure working standards were reviewed and maintained and the staff also had annual appraisals.

People told us that the staff supported them well. One person said, "The staff are very good." The staff we spoke with were knowledgeable about the needs of the people they supported. We saw that this included being able to

use alternative communication methods to fully understand the needs of people who were unable to communicate verbally. The staff were also very positive about the standard of care they provided. One of the staff said, "I really love working here. We really are like a family and that is how we work. We treat and care for our residents as if they were our own family members. I provide the best standard of care that I can."

People told us that they enjoyed the food and they were given an alternative choice if they did not like what was on the menu. They also said that they were offered drinks and snacks throughout the day and we observed this during our inspection. However, one person told us that the choice on the menu was limited. This did not support our observations which showed that the menu was planned in a way that took into consideration people's preferences, their health requirements, as well as, their cultural and religious requirements. Vegetarian and pork-free meat options were always available for people who chose not to eat meat or pork products. When we observed a lunchtime meal in three of the five units, we saw that people were supported to have sufficient food and drinks. The pureed meal option for people with swallowing difficulties was presented in a way that ensured that the food was still appetising.

The provider used a Malnutrition Universal Screening Tool (MUST) to regularly monitor if people were at risk of not eating or drinking enough. Records showed that where people were deemed to be a risk of not eating and drinking enough, the provider monitored how much they ate and drank on a daily basis, their weight was checked regularly, and they were given a high calorie drink to enable them to frequently consume small amounts of nutrients.

We noted that the provider worked closely with various health and social care professionals to ensure that people's needs were effectively met. For example, we saw that a person whose mobility had deteriorated had been referred to the occupational health team for assessment. Any advice or guidance received from health professionals had been included in people's care plans and risk assessments to ensure continuity of care and treatment. One of the visiting health professionals told us that the service was good at involving health or social care professionals to ensure that people's needs were appropriately met. This was confirmed by other health professionals we spoke with.



# Is the service caring?

## Our findings

We observed that most bedroom doors were opened in the first unit we visited and we saw that some of the bedrooms were occupied at the time. We asked the unit manager if people had chosen to have their doors open and they told us that some people had made this choice. However, they were unable to tell us if everyone had done so, but they took immediate action to ensure that this did not present a risk to people's privacy and dignity in the future.

People we spoke with told us that they were supported by staff that were kind and respectful. One person said, "Just like my family. Interested, kind and supportive." Another person said, "My nurse is just like my granddaughter, so kind to me and always checks in on me to see how I am feeling." People's comments about the staff supported our observations during the inspection. We saw positive interactions between the staff and people they supported. We observed how one staff had responded quickly to support a person who was becoming distressed. They briefly offered the person tactile support, before leaving to get them a cup of tea. An internal award system enabled people who used the service or their relatives to nominate staff who they deemed very supportive and caring. We saw some of the completed forms that contained positive comments about various staff. The staff told us that this recognition encouraged them to continue to provide the best care and support they could to people who used the service and their families.

We observed that while supporting people, the staff gave them the time they required to communicate their wishes. People told us that they were supported to express their views and make decisions about their care and treatment. They also said that the staff respected their choices and acted on them and we observed this during our inspection. One person said, "Staff are always cheerful. Nothing is too much trouble." Another person said, "They always ask me and listen to what I like." We saw that most people had chosen to live at the home and had independence and control over how they wanted to be supported. However, one person said, "I wanted to stay at home, but I have now got used to being here." They told us that they eventually felt comfortable because the staff had been very supportive and kind. They had also accepted that they were no longer able to manage their own care without support and had developed friendships with some of the people at the home.

The relatives we spoke with told us that they could visit whenever they wanted. One relative said, "I visit here daily." Another relative said, "I can visit any time day or night. Whenever I visit I am made to feel welcome. I am here everyday. The staff really understand how difficult it is for me having my long term partner here. They try to support me as best as they can." We observed that the staff knew the relatives who visited regularly and one relative told us that they had developed lasting friendships with some of the staff and people who used the service. A relative said, "Staff regularly speak with me and ask me how things are."

# Is the service responsive?

## Our findings

People told us that they were supported to make choices about their lives and received care that was responsive to their needs. They also said that they were supported appropriately whenever they required help, but one person commented that they occasionally had to wait to be supported with personal care during busy times of the day. However during the inspection, we observed that people were supported promptly. We saw that people's needs had been assessed and each person had care plans in place that took account of their individual care and treatment needs, preferences and choices. We noted that the provider encouraged people and their relatives to contribute in the planning of their care. The care plans were also reviewed regularly or when people's needs changed. The relatives were invited to people's care reviews. There was also evidence of regular communication with people's relatives. The relatives we spoke with were happy with the level of information they received from the service. One relative said, "Staff always let me know how my [relative] has been." People were also encouraged to bring small pieces of personal furniture and other valued items to make the environment feel homely and comfortable. This was also particularly important for people with memory loss as it could help to trigger memories of their early life.

The staff told us that they really enjoyed their work. They explained how they used the 'resident of the day' approach to further enhance each person's experience of care. They told us that the purpose of this was to make the person feel special. People were given additional opportunities to be pampered, to pursue hobbies and interests that were of particular interest to them and would require individual support.

They also said that a 'key worker' system ensured that they provided regular and consistent support to an identified group of people. They told us that this enabled them to know those people really well. One of the staff said, "What I really like about working here is that we are encouraged to

spend time individually with the residents. We can find out more about their lives. This makes all the difference in how we can respond to their individual needs." Another staff told us that knowing information about people's lives prior to living at the home enabled them to engage in meaningful conversations with people. We observed that the staff understood the needs of people who were not able to communicate verbally. They explained that they understood people's body language and facial expressions. This ensured that they provided care in a way that met each person's needs.

People told us that they enjoyed the activities provided at the home, including the harvest festival activities that had taken place just before our inspection. We observed that the lounge areas were lively and active, and the staff made an effort to engage each person in a conversation or an activity. The staff told us that they supported people to pursue their interests and hobbies. One staff said, "One person's family sends them amusing and funny cards and pictures. I sit down with them to look at the cards, and we laugh and laugh. It's so important to encourage humour and have some fun." We saw another staff reading a book to a person who used the service. A '1950s themed café' on one unit provided a quiet space that people could relax in, engage in activities or meet with their friends or relatives.

People told us that they were comfortable with raising complaints and concerns, including the person who said, "I'll soon say if I don't like something." Everyone, including the staff told us that the manager was approachable and would respond appropriately to their concerns. We reviewed the provider's processes for handling complaints and concerns. We found that people had been given information on how to raise complaints and concerns. We also saw that any complaints received by the provider had been investigated and responded to appropriately. The manager had put a system in place to analyse the themes from the complaints to ensure that appropriate improvements could be made.

# Is the service well-led?

## Our findings

During our inspection on 29 and 30 May 2014, we found that the provider did not have effective quality monitoring systems in place. We checked if improvements had been made during this inspection and saw that the manager effectively used the available systems to identify, assess and manage risks relating to the health, welfare and safety of people who used the service, the staff and visitors. However, the improvements had been made in recent weeks and we found this work was on-going to ensure these were fully embedded, understood and implemented by all the staff.

There was a manager in post at the time of the inspection, and they had commenced the process to become registered with the Care Quality Commission. The manager understood their role in making further improvements to ensure that they provided safe, effective, responsive and compassionate care and treatment to people who used the service. They had written to the relatives of people who used the service to introduce themselves. In this letter, they had told everyone that their “door was open” and they welcomed anyone who wanted to speak with them. Some of the relatives we spoke with confirmed that they had been able to speak to the manager when they needed to. The manager also told us that their plans to further improve the service included the introduction of the provider’s ‘removing barriers campaign’. This was an initiative to encourage the staff to contribute to the development of the service. We saw evidence of how the manager had dealt with concerns from the staff about the disposable washcloths, and had taken appropriate steps to source alternative products.

The staff told us that they were appropriately supported to enable them to care for people well. One of the staff said, “The new manager is really good. We know what we need to do to become a very good home. It makes you proud knowing that you make people happy every day.” The manager said that they had a good team of staff who cared about the people they supported, adding, “They just need strong and consistent leadership.” The area manager also told us of the plans to recruit a clinical services manager, who will provide leadership on all clinical issues and drive further improvements in the quality and safety of the care provided by the service.

People told us that the manager visited the units regularly, and was approachable. This supported our observations that people knew who the manager was. People also said that they had been asked for their views about the quality of the service provided, and they were happy with the improvements made so far by the new manager. One person said, “There has not been evidence of learning in the past. I am a bit confident that the new manager is trying to improve the service. Ask me again in a few months and I will tell you if they have maintained the improvements.”

The provider encouraged people to make suggestions and compliments by providing a form to enable them to do this. We also saw that quarterly ‘Residents and Relatives’ meetings were planned in advance for each year and the schedule for these was displayed at the entrance to each unit. We noted that some people attended these meetings and the minutes of previous meetings showed that a range of issues were discussed. These included improvements required to make the environment more comfortable and relaxing and as a result, refurbishment work was planned to commence during late October 2014.

The provider also enabled people who used the service and their relatives to provide feedback about the quality of the care provided by sending them annual surveys. We saw that the results of the survey completed in 2013 had been analysed, and a report produced to show what people thought about different aspects of the service. We saw that social and recreational activities, the laundry service, and the handling of complaints had been the lowest ratings and the provider had made the necessary improvements to ensure that people received a satisfactory service. In addition, people were encouraged to add comments about the quality of the service on a website that the provider had subscribed to and these were reviewed regularly to ensure that appropriate actions were taken to address people’s comments and concerns.

The manager completed a number of quality audits to ensure that the service they provided was safe and effective. We also saw that infection control audits were now being completed regularly. The information from these audits was collated into a monthly quality report completed by the manager and this was sent to the provider for analysis. An action plan was completed to ensure that any identified issues were rectified promptly.

## Is the service well-led?

We saw that the records were kept securely in order to maintain the dignity and confidentiality of people who used the service and the staff. The records we looked at were accessible, clear and well maintained. They contained detailed information in relation to the care and treatment

provided to people who used the service, the staff employed by the service, and the processes involved in the management of the service. This ensured that the staff were able to provide consistent care and treatment to people who used the service.