Bupa Care Homes (CFChomes) Limited

Premier Court Residential and Nursing Home

Inspection report

Thorley Lane East
Thorley
Bishops Stortford
Hertfordshire
CM23 4BH

Tel: 01279758585
Website: www.bupa.co.uk/Carehomes/Premier_Court

Date of inspection visit:
30 November 2015

Date of publication:
15 December 2015

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 30 November 2015 and was unannounced.

Premier Court Residential and Nursing Home provides accommodation for up to 59 older people who require nursing care and may also live with dementia. At the time of our inspection 45 people lived at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people who used the service were able to make their own decisions and those who were unable to do so had their capacity assessed. DoLS applications for people who required bed rails to reduce the risk of them falling from bed were pending an outcome. Staff members were not all clear of their role in relation to MCA and DoLS and the registered manager had arranged for further training to improve their understanding.

When we last inspected Premier Court Residential and Nursing Home in June 2015 we found that the manager had addressed shortfalls with medicines and care planning that we had identified in January 2015. The service was meeting the required standards at that time.

People and their relatives told us that they felt people were safe living at Premier Court Nursing and Residential Home. The manager and staff team demonstrated a clear knowledge of safeguarding matters. Risks to people`s health and well-being were identified and plans developed to mitigate the level of risk. The registered manager operated safe recruitment practices and records showed that the necessary checks had been undertaken before staff began to work at the home. There were suitable arrangements for the safe storage, management and disposal of people's medicines.

People received their care from a staff team who felt supported by the management team. The staff had the basic core skills and knowledge necessary to provide people with safe and effective care and support.

People enjoyed the food provided and received support to eat and drink sufficient quantities. People's health needs were well catered for because appropriate referrals were made to health professionals when needed.

Staff were calm and gentle in their approach towards people and were knowledgeable about individual's needs and preferences. Relatives and friends of people who used the service were encouraged to visit at any time and people's privacy was promoted.

People's care plans were sufficiently detailed to be able to guide staff to provide their basic care needs. People had opportunities for activity and stimulation in the home. Relatives and people who used the service told us that they would be confident to raise any concerns with the management team. The provider had made arrangements to facilitate feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided.

There was an open culture in the home and relatives and staff were comfortable to speak with the manager if they had a concern. The provider and manager had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

People were supported by staff who had been safely recruited.

People's needs were safely met by a trained and skilled staff team.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received support from staff who were trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People received the support they needed to eat and drink.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Is the service well-led?

Good

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Premier Court Residential and 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 met 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 under the Care Act 2014.

This inspection took place on 30 November 2015 and was unannounced. The inspection was carried out by one inspector, a specialist nursing advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

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 information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with eleven people who used the service and relatives of six people who used the service. We spoke with three members of the management team and nine staff including two nurses and three members of care staff.

We received feedback from a healthcare professional involved with the support of people who used the service and from a representative of the local authority social working team. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Premier Court Nursing and Residential Home, one person said, "I do feel safe here." People's relatives told us that Premier Court Nursing and Residential Home, was a safe environment for people. One person said, "[Person's name] can be quite restless, the bed sides, padding on the sides keeps them safe." Another relative told us, "[Person] likes it here, they have got used to it and has got trust in them [staff]."

The provider had whistle blowing and safeguarding policies and procedures in place. All the staff we spoke with were confidently able to describe what constituted abuse and said that they would escalate any concerns they had. Staff members told us that they had received training to support them to understand the different types of abuse that could occur and they were able to tell us of contacts, both within the organisation and of external organisations, to whom they could report any safeguarding concerns. This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent it before it occurred.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we saw two staff members assist a person to move from an armchair into a wheelchair in order to go into the dining room at lunchtime. The staff reassured and talked with the person during the procedure. The person's plan of care included a moving and handling assessment that provided guidance for staff to help them safely assist the person to transfer and we noted that this had been kept under regular review. We noted that this information was not available in the person's room for staff to refer to. However, the registered manager was able to confirm that plans were in place to introduce folders into people's rooms that incorporated basic core information about people's support needs. This showed that the staff and management managed potential risks to people's safety and welfare.

People who required pressure relieving equipment to help prevent the risk of developing pressure sores had their mattresses checked regularly to ensure they remained at the setting appropriate for the person's weight. We checked a random sample of pressure relieving mattresses and found that they were set appropriately. The information staff needed in regard to mattress pressures was available in people's rooms and they checked that that the mattresses were at the correct setting before assisting people into bed. The deputy manager undertook regular checks to help ensure that the pressure relieving equipment was in good order and being used properly. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and records were maintained to confirm when people had been assisted to reposition.

People who used the service said there were usually enough staff available to meet their needs. A person who used the service said, "I know they (staff) they haven't got much time really. Even serving food, it's the carer's that do it, they wear so many hats". A relative told us, "There seem to be enough staff, somebody comes in and asks if you are ok." Another relative said, "I can usually go and find someone and they will normally arrange for someone when they're free to respond".

Staff members told us that there were enough staff available to meet people's needs. The registered manager reported that the use of agency staff to cover for sickness and annual leave had reduced significantly since the previous inspection. Staff confirmed this and said that there was the occasional use of agency nurse cover on night shifts but there was always a permanently employed nurse on duty to support this. During the course of the inspection we noted that the atmosphere was calm and people's call bells were answered in a timely manner.

The registered manager operated safe recruitment practices and the necessary checks had been undertaken before staff began to work at Premier Court Residential and Nursing Home. Staff confirmed that checks had been applied for and obtained prior to commencing their employment with the service. For example, criminal records checks had been made and references obtained to help ensure staff were safe to work with vulnerable adults.

There were suitable arrangements for the safe storage, management and disposal of people's medicines. One person told us that they managed their medicine independently and they showed us medicines stored in their room. One person told us, "They [staff] put it all in a container and they wait until you've put the last tablet in your mouth." A relative told us "[Person] refused but staff stayed with them until they had taken them."

We observed nursing staff encouraging people with their medicines, going at their pace and without rushing them. Medicines were managed, stored and given to people as prescribed. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. There were clear protocols in place for the administration of 'as required' medicines and emergency medicines.

Good

Is the service effective?

Our findings

People told us that they were satisfied with the care and support provided for people. A person who used the service told us, "They [staff] all know me; they're very, very good, helpful." A relative said that they were impressed by the information they were given by the nurses, "They give me a ring and tell me what the doctor has said." When asked about how staff supported their relative they said, "They [staff] normally go and get two people if needed". Another relative told us, "If you ask them [staff] to do something it will be done in five or ten minutes."

Staff told us they were happy with the training they received. One care staff member told us that they discussed their training needs during 1:1 supervision time with their line manager. They said that they had indicated an interest in receiving additional training to increase their knowledge of such conditions as Parkinson's disease and about pressure area care. They said that this had been agreed in principle and they were awaiting a date for this training to be delivered.

Staff told us that they felt supported by the registered manager and their line manager to carry out their roles. One staff member said, "The manager is very supportive, if I have anything that worries me I am confident to knock on their door, no problem." All staff told us that there was constant support available from the management team and that the registered manager's door was always open to them if they wanted to speak with her. Staff told us that they had regular one to one supervision with a line manager where they discussed development opportunities and any problems they had. However, one staff member told us that they could not recall when their last supervision had been they said they thought it may have been as much as six months ago. We discussed this with the registered manager who indicated their concern and undertook to investigate this matter. Staff told us that they had not received annual appraisals however, the registered manager had been in post for just a year at the time of this inspection and had was able to evidence that they had scheduled all annual appraisals to take place in December and January.

We asked people and their relatives if consent was sought before staff provided them with care and treatment. One person told us that staff said, "Is it alright if I do so and so, oh yes they do ask." A relative told us, "They [staff] knock and call out." Another relative said, "They talk to them when they're [staff)] going to do something and they tell them what they're doing". During the course of the inspection we heard staff ask people for their consent before they delivered all aspects of care.

People's mental capacity had been assessed for specific decisions regarding their care, where it was established that people lacked capacity consent forms and care plans had been signed by the next of kin. However not all staff were able to demonstrate a clear understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The management team had already identified this as an area for development and were able to confirm that further training had arranged.

People told us that they enjoyed the food they were offered. One person said, "I like the variety, I like the dining room – you've got company there. You can get a light lunch, scrambled eggs if you want it. They know my needs, I don't like too much on a plate." Another person said, "I have a cooked breakfast, there's about

four of us that have it – I get up and eat it in my room." A relative told us "They're [staff] trying to get them to eat something – there's always a cup of drink here." Another relative said, "Their appetite has improved here and they are giving them a good range of food. They would benefit from a lipped plate (to support them to eat)".

We observed people eating lunch both in the dining room and for those that were supported to eat in their own rooms. The dining room was bright and spacious with tables attractively laid with tablecloths and cloth napkins that some people used to protect their clothes, People who required support to eat received assistance from staff who sat with them and encouraged them to eat in unrushed manner. We noted that there were a lot of people who required support to eat however; there were many staff members available to help so the meal service was managed smoothly and people received their food in a timely manner.

We saw there was information to support staff to care for people who had been identified as being at risk from poor nutrition. People's weight and food and fluid intake was monitored, and where there were concerns, this was reported to the appropriate health care professionals. For example, we noted that a person had been losing weight gradually over a period of time. The person had been referred to the GP and had received support from a dietician. We saw that the person had their food pureed so that it was easier for them to eat and digest and instruction was available for staff to follow to support the person to sit upright to eat their food. Kitchen staff had information about who required special diets and records were maintained in people's rooms to indicate how much they had eaten or how much fluid they had taken.

People's health needs were well catered for and people told us that they were satisfied with the health care support received. People were supported by regular access to their GP who undertook a routine visit to the home on the day of this inspection. Staff had made a list of people for the GP to see during the visit. For example staff had requested that a person's prescription medicine was reviewed because the person was no longer able to sit upright after taking it and that could cause additional problems. The GP was asked to review another person because they had been sleepy and drowsy over the weekend. This showed us that any concerns about people's health needs were referred to external professionals for advice and support. Records showed that chiropodists, dentists and opticians visited the home when people needed them.

Good

Is the service caring?

Our findings

People who used the service and their relatives all told us that the staff were kind and compassionate. One person said, "The staff are marvellous, they're always pleasant, kind – terrific." Another person told us, "The day staff are lovely, the night staff no. When they've done the changeover you don't see them – they don't come in and say hello, they don't seem to bother very much." We discussed this person's viewpoint with the management team who said that many people had retired to bed by the time the night staff came on duty and therefore they would not be aware of the staff presence.

A relative told us "I like their bedside manner, they combed (the person's) hair, changed their clothes and cut their nails and gave them a good wash. They like to know someone is sat by their side, there's always staff walking past." Another relative told us "They're particularly friendly, always very pleasant." A further relative said, "They all seem pleasant enough, they do listen."

An external health professional told us of positive feedback they had received in relation to support that bereaved relatives had received. They told us that relatives had said the staff were, 'kindness itself' and were supportive and compassionate.

Staff interacted with people positively and respectfully; they gave eye contact, smiled and talked with people clearly. Staff were calm and gentle in their approach towards people and promoted their dignity. For example, we noted the activity co-ordinator quietly tell a care staff member that a person may have required assistance to access the toilet. We saw the care staff member approach the person and discretely ask if they required assistance.

People's preferences and choices were respected. For example, staff were heard to ask people where they would like to sit and many people had their own preferences. One person asked to be by the window so that they could look out over the garden. The member of staff helped them to sit as indicated and confirmed that the person was content before they left them.

People`s right to privacy was promoted. We saw that staff knocked on people's doors before entering their rooms. Staff acted on people`s preferences to have their bedroom doors open or closed and we saw staff closing bedroom doors when personal care was delivered. A relative told us, "They (staff) keep the door open, [relative] is happy with that".

Relatives and friends of people who used the service were encouraged to visit at any time and we noted that there was a regular flow of visitors into the home throughout the day. Some people who used the service did not have the capacity to make decisions about their care and support or to communicate clearly and we noted that an external advocacy service was available to provide people with support in this instance.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. However, we noted that the office door was not always closed or locked when staff were not there.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff did involve them when developing a plan of care. People who were able to express an opinion said that staff checked with them to make sure that the care they received was as they wanted. Relatives told us that staff 'kept them in the loop' regarding changes to people's care. One person said, "They do give you feedback, they ring us to tell us of any changes."

People's care plans were reviewed regularly to help ensure they continued to meet people's needs. Some people told us that they had been involved with creating their own plan of care with the staff. We saw from care plans that some people had signed to indicate their agreement with the care plan but others had not. We discussed this with the management team who told us that people and their relatives where appropriate, were always consulted about their care needs however, staff had not always able to make contact with relatives subsequently to ask them to sign the updated care plans to confirm their involvement. We saw that a recent management audit had identified this as an area for improvement.

People's care plans were sufficiently detailed to be able to guide staff to provide their basic care needs. Staff were able to explain to us about the care and support that each person needed and how they preferred this to be delivered. However, the management team told us that the care plans had recently been transferred into a new format and remained under development at this time. They said that the intention was to capture more person centred information around each person's individual care and support needs such as people's preferences about their appearance and clothing.

People's care was delivered to meet their individual needs and their choices were respected. For example, some people that were being cared for in bed had bed rails to keep them safe from falling. We noted that some of these did not have soft bumpers to prevent them from harm. When we asked people they said that it was their choice not to have the bumpers. One person said, "I don't like it because I can't use the rail to help me to sit up, because it slips." Another person said to us, "I don't use the bumper because I really don't like them. I don't know why." This showed us that people were consulted about their care needs and their opinions were taken into account.

People told us that they were able to do things that they particularly enjoyed. For example one person said, "I walk around the lake with my granddaughter and I like going down to the lounge and talking to people." There were arrangements for people to take part in opportunities for activity and stimulation in the home. We saw activities being undertaken in the main lounge of the home for those people who were able to take part and were interested in taking part. We were told that there were two volunteers who visited the home to engage with people in their rooms and volunteer sixth formers from a local school visited people at weekends.

We saw people sitting around a table in the lounge with a member of staff who had responsibility for co-ordinating opportunities for engagement and stimulation. They were engaged in conversation about everyday things, likes and dislikes and the member of staff spoke with each person in turn and encouraged them to respond in whatever way they could. After a while they opened the day's newspaper and a

discussion ensued around some photographs of the royal baby. Staff told us about a local charity that provided people with a docking station to play back a talking newspaper version of the local newspaper.

People were supported with religious observance according to their individual wishes. A Catholic priest visited the home on the day of our inspection and staff told us that there were regular monthly visits from representatives of the Church of England and that the Baptist church was represented at Christmas, Easter and during Harvest Festival. One person told us, "We have a church service on a Thursday afternoon" and a relative told us the vicar came from the local church to offer people communion.

Relatives of people who used the service told us that they would be confident to raise any concerns with the management team. Information was available to advise people about the provider's complaints policy and procedure and a suggestion box was placed in the reception area for people to easily access. There had been no complaints received by the registered manager or by CQC in the past 12 months.

Good

Is the service well-led?

Our findings

We asked people what they thought about the management of the service. A person who used the service said, "The manager, you can go and see her when you want to. If I have a complaint they will sort it out". A relative told us, "I think it's nice, people are friendly – I feel that I can ask for help, you don't feel uncomfortable or anything like that."

An external health professional told us that there had been positive changes at Premier Court Nursing and Residential Home. They told us, "Things have really improved since the new manager has been in post." The GP attending the home on the day of this inspection told us that the manager was, "On the ball, has good communication with them and knows the patients." They also said that the manager was keen to work with the GP practice to improve standards of care.

Staff gave positive feedback about the management team and said they received good support. One staff member said, "Personally, I like the management team. They are supportive. I can see there has been an improvement." Another staff member said that they felt very much supported by the management team who operated an open door policy. They said the support was provided whether the issue was personal or work-related.

Staff members told us that they were proud to work at the home. One person said, "This is the best home I have ever worked in. We have a really good team." Another staff member said, "I think we give a good account of ourselves, it is not an easy job, but we do a very good job."

The provider had quality assurance and governance systems in place that were effective to identify poor performance. The provider's quality manager and area manager undertook comprehensive home review audits that encompassed all areas of the performance of the service. The action plan developed from a recent audit showed that issues such as lack of evidence of people being involved in developing their care plans had been identified and that staff members did not have a clear understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The action plan included dates for action to be taken and the name of the person responsible for the action. The area manager confirmed that the action plan would be monitored on an on-going basis to help ensure that improvements were achieved in a timely manner.

The home management team completed a range of quality audits to assess if service they provided was safe and effective. These included such areas as medicines, health and safety, infection control and nutrition. For example, we reviewed a care file audit and noted a score of 87.1% had been achieved during the audit of 6 November 2015. Issues had been identified such as a wound care plan required updating, a preadmission assessment had not been signed by the admitting nurse or the registered manager and there was no evidence of relative involvement in another care plan. We noted that the shortfalls had been shared with the nursing staff and actions had been taken to address them. 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.

The registered manager was supported by the area manager and to undertake clinical development in order to keep their training and competencies up to date. The provider group held monthly management meetings and the registered manager told us that these were a good forum to discuss practice issues and lessons learned.

The registered manager operated an open door policy and staff told us that they felt listened to and were confident that the registered manager would try and deal with issues that they raised. We saw minutes of staff meetings that were held with nursing staff and care staff to discuss issues that affected them as a team. For example, the training was discussed that would be required to be attended by nurses in order for them to keep their clinical competencies up to date and in line with forthcoming new legislation.

The management team demonstrated visible leadership on a daily basis within the home. People who used the service, their relatives and the staff team all told us that they had confidence in the management and leadership of the service and said that they frequently saw the manager and the deputy manager around the home.

The provider undertook an annual quality assurance survey of the views of people who used the service and their relatives twice a year and feedback from these was collated and displayed in the reception. A survey of people's views about the service provision had recently been undertaken, however, the results were not yet available. In the previous year's satisfaction survey people who used the service had indicated that they were less than satisfied with the amount of agency care staff that were employed to work at the home. An action plan had been developed to ensure that people received their care from a consistent staff group who knew them well and understood their needs. The manager was able to demonstrate that they had achieved this and that they were no longer using agency care staff in the home.

The registered manager arranged for meetings for people who used the service and their relatives to be held bi-monthly to gather their views on the service provided and to keep people up to date with matters affecting their home. For example, we saw minutes from a meeting held on 14 October 2015 where the registered manager explained to people that a new heating system was to be installed and they described the potential disruption that could be caused during these works.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.