Southern Counties Care Limited

Birdsgrove Nursing Home

Inspection report

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Overall summary

We carried out an unannounced comprehensive inspection of this service on 11, 16, 18 and 20 February 2015 and an unannounced focussed inspection on 16 April 2015. You can read the reports from our last comprehensive and focused inspections, by selecting the 'all reports' link for 'Birdsgrove Nursing Home ' on our website at www.cqc.org.uk.

After those inspections, between June 2015 and August 2015, we received information about concerns in relation to the service. As a result we undertook a focused inspection on 25 and 26 August 2015 to look into those concerns. This report only covers our findings in relation to these issues. This was an unannounced inspection.

Birdsgrove Nursing Home is registered to provide care (with nursing) for up to 87people. There were 35 people resident on the day of the visit. The home offered accommodation in three units but only two were in use.

The service does not have a registered manager running the service. The registered manager's registration was cancelled in July 2015. 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. A new manager was appointed on 15 May 2015. They had not applied to register with the CQC at the time of this inspection.

The service had taken action to make sure that staff responded appropriately to emergency situations. They had investigated, at the request of the local authority, the incidents that had caused concern. Actions taken included providing staff with additional training, supervision and role specific meetings, with regard to these issues. The emergency procedures policy document had been reviewed and brought to the attention of all staff.

Staff were able to describe practical actions taken and improvements made as a result of learning from the incidents.

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 deal with emergency situations (including medical emergencies).

Staff were trained and knew how to protect people from abuse or harm.

There were enough staff on duty to offer people safe care.

We have not revised the rating for this key question; to improve the rating we would require a longer period of consistent good practice and an inspection of other elements of the 'safe' domain.

Birdsgrove 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 under the Care Act 2014. We have not revised the rating for this key question; to improve the rating would require a longer period of consistent good practice and an inspection of other elements of the 'safe' domain.

Following our comprehensive inspection of 11, 16, 18 and 20 February 2015 and our focused inspection of 16 April 2015 we undertook an unannounced focused inspection to look into concerns about the service. The inspection which took place on 25 and 26 August 2015 was completed by two inspectors.

We inspected the service against one of the five questions we ask about services: is the service safe. This is because the concerns were, specifically, in relation to inappropriate responses to emergency medical situations.

Before the inspection we looked at the information we had collected about the incidents of concern. We 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 spoke with one person who lives in the home, two relatives, a local authority professional and a health professional. Additionally we spoke with eight care staff and three registered nurses (one of whom was the clinical lead). The quality assurance manager, provider and provider's representative were available to talk to us at different times during the day.

Is the service safe?

Our findings

One person told us they felt safe in the home. People were confident to approach staff and ask for or indicate that they needed attention. Staff responded to people in a patient and appropriate way.

A visiting professional told us that they did not believe people were, ''at imminent risk of harm''. The health professional felt people were safer, in the service, than they had been for a number of years.

There had been three safeguarding concerns reported since June 2015. Two involved falls where nursing staff had not followed the correct emergency procedures. In both cases the staff involved had been dismissed or left, prior to disciplinary action, following investigations. The most recent incident was still subject to investigation by the local authority safeguarding team.

Since these incidents appropriate actions have been taken to minimize the risk of reoccurrence. Meetings had been arranged and undertaken with both nurses and care staff. The meetings were designed to review policies and procedures and remind staff of required actions in relation to their role and responsibilities in a range of situations. Topics covered included the bathing policy, communicating and responding to people particularly when they are calling for assistance, and emergency situations.

Staff were able to clearly describe what action they would take in the event of an emergency. Nurses told us the conditions under which they would call an ambulance rather than a doctor. These included falls when the person complained of pain, falls when a person hit their head, when a person was unresponsive and if people were displaying stroke symptoms. Nurses described stroke symptoms and told us they would call an ambulance first even if people presented only one or two of the recognised symptoms. A comprehensive emergency procedures policy was in place. This was available to all staff and detailed actions nurses and care staff must take in the event of various emergency situations.

The home had accident and incident reports which were completed when such an event occurred. Staff told us they had, ''learnt a lot'' from the three incidents, parts of which, had been used in reflective practice and general staff meetings. Carers described changes made as a result of the learning. They gave us examples of improved recording and understanding carers could take the initiative in emergency situations if nurses were not immediately available. They told us how they had improved care plans to make them more individualised and effective in meeting people's needs. People's individual risk assessments had been reviewed and new ones were being developed. They formed part of the new care planning system which was being implemented.

A range of audits had been introduced by the Quality Manager. These included practice and maintenance audits. Practice audits covered areas such as review of care plans and observing care practice at different times of the day. Records of these audits made reference to current best practice and required actions were clearly identified.

Staff were fully aware of and able to clearly explain their responsibilities with regard to protecting people in their care. They told us they had received training and knew how to recognise signs of abuse. Training records showed that 29 of the 38 staff members (including support staff) had received specific safeguarding training. Safeguarding awareness was included in the induction programme for all staff and the specific, specialised training was completed at a later date. Staff were able to tell us the action they would take in response to witnessing abuse or suspecting abuse had taken place. Staff members were able to explain what they would do if they were concerned about a colleague's poor practice. They said they were aware of the whistle-blowing policy and knew which outside bodies to report concerns to, if necessary. However they said they were confident that the new manager would take any necessary actions to protect people.

There were enough staff on duty to deliver care safely. Staff told us the home was usually well staffed. Shortfalls in staffing was covered by agency and bank staff. The manager calculated staffing levels based on the dependency levels and the number of people resident in the home.

To meet the needs of 35 people, there were a minimum of two registered nurses and eight care staff during day time hours. One registered nurse and five care staff covered the night shift. The care staff were supported by a team of ancillary and management staff. Rotas for August 2015 showed that the staffing levels did not drop below those stated as minimum.

Is the service safe?

Staff described a major improvement in communications between care staff and nurses and between all staff and the management team. There were plans in place for all staff to have regular one to one supervision. The majority of staff told us that they had received formal and recorded supervision and this was described as helpful. Individual supervisions included discussions about the three safeguarding incidents and staff were asked to explain their understanding of emergency procedures. Staff told us that there was an open door policy with the management team and several people gave us examples of when they had raised questions or issues directly with individual managers. Staff were confident that they were listened to and that their concerns and ideas would be responded to. Staff told us that their support and supervision had vastly improved since the new manager had taken up post.