Bupa Care Homes (CFChomes) Limited

Ilsom House Care Home

Inspection report

Ilsom
Tetbury
Gloucestershire
GL8 8RX

Tel: 01666817552

Date of inspection visit:
11 February 2016
12 February 2016

Date of publication:
08 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This unannounced inspection took place on 11 and 12 February 2016.

Ilsome House provides nursing, residential, and respite care for up to 38 people. At the time of our inspection 27 people were living there. There was a registered manager. 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. There were no legal breaches of legal requirements at the last inspection in August 2013.

Medicine administration records were not maintained correctly to ensure safe practice and audits had not identified this. Not all storage was safe. Regular checks were made to monitor staff practice. People's medicines were not consistently managed safely. This required improvement.

There was sufficient staff to meet people's needs. Staff had completed regular training updates to ensure they had sufficient knowledge to carry out their roles. Staff had regular supervision meetings to identify staff training needs and monitor their progress.

People were kept safe by staff trained to recognise signs of potential abuse and they knew what to do to safeguard people. People and relatives we spoke with felt the home was safe and the service provided was safe. The recruitment procedures followed ensured people were cared for by staff who had appropriate checks completed before they started work and their practice was monitored.

People had access to health and social care professionals and were assisted by staff as required when they had appointments in the community. Visiting healthcare professional told us people were well looked after and staff responded quickly when required.

The staff were aware of people's dietary needs and preferences which were recorded in their care plans. The menus were based on the four seasons. The cook visited people in their bedroom or the communal areas to talk to them about their food preferences. Meal times were calm and unhurried and people at risk from malnutrition were monitored and supported to eat their meals. People told us about the food, "Food is marvellous and there is always a choice", "Food is very good" and "I know I can have what food I want".

Staff knew people well and were concerned for their wellbeing and responded to them in a caring way. People's dignity was respected by staff and care plans described what people could achieve alone and when they needed assistance, this helped staff to promote their independence.

People had a range of activities they could be involved in. In addition to group activities people were able to maintain hobbies and interests. The activity programme was based on individual choices.

The service had robust quality assurance procedures which included the opinions of people and their relatives and action was taken to address improvements identified. Staff meetings were held and staff were able to influence any changes. Systems were regularly audited to improve the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not consistently safe.

People's medicines were not managed safely to ensure people were receiving appropriate medicines.

People's needs were met by adequate numbers of staff.

People were safeguarded as staff were trained to recognise abuse and to report any abuse to the local safeguarding team. However CQC were not always informed.

People were protected by thorough recruitment practices.

The home was well maintained and health and safety and fire risk assessments had been completed.

Is the service effective?

Good

This service was effective.

Staff training was up to date and supervision meetings were completed regularly to monitor staff progress. Staff felt supported by the management team.

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to social and healthcare professionals and their health and welfare was monitored.

People's dietary requirements and food preferences were met for their well-being.

Is the service caring?

Good

The service was caring.

People were treated with compassion, dignity and respect.

Staff treated people as individuals and positively engaged with them.

People were supported and encouraged to be independent.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed and were involved in decisions about their care when possible.

Staff knew people well and how they liked to be cared for.

People took part in many activities and staff engaged with them individually.

Comments or complaints were listened to and responded to respectfully and changes made where required.

Is the service well-led?

Good

The service was well led.

The quality checks completed were thorough and included people and their relatives view of the service.

The manager was accessible to staff and people and knew what the visions for the service were.

Regular resident and staff meetings enabled everyone to have their say about how the home was run.

Ilsom House Care 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 11 and 12 February 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and a graduate analyst.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had a Provider Information Return (PIR) form. 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 used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with the registered manager, the deputy manager, three care staff, three nursing staff, the activity co-ordinator and a member of the catering staff. We spoke with six people who use the service and two relatives. We looked at information in seven care records, three recruitment records, staff training information, the duty roster and quality assurance records. We checked some procedures which included medicines and safeguarding adults. We also contacted a GP practice and healthcare professionals that visited the service to obtain their view of the service.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. Medicine was stored in a trolley on both floors and in a medicine cupboard. The storage for special medicines that were required to be in a double locked cupboard were not stored correctly because the nurse's room where they were stored was open and unlocked when we completed our inspection. We found a prescribed medicine in use which was not on the person's medicine administration record. Medicine amounts entered on the records when they arrived from the pharmacy were not added to the total already in the home. This meant correct audits and spot checks could not be completed to check variable dose medicines were given, for example medicine that regulates blood clotting.

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

Two people were able to self-administer their medicines with support from staff and were assessed every six months to ensure they were able to continue. Most people were given their medicines by the staff and we observed this procedure was safe. All staff administering medicine had a six monthly competency check completed. Protocols were recorded for staff to follow when medicine was prescribed 'As required'.

There were regular temperature checks of medicine storage to include the fridge temperatures. A 10 point check list was completed every day by staff where various aspects of medicine management were looked at and signed by them. Medicines were disposed of correctly.

Peoples needs were met by an adequate number of staff. There were 27 people accommodated when we visited and six care staff in the morning then five in the afternoon until 8 pm, two nurses were on duty during the day and one in the evening. During the night there were three staff which included a nurse. There were housekeeping, domestic and catering staff every day. People were assessed for their dependency on admission into four levels, four was the highest dependency. There was no further dependency assessment recorded after admission. The level of staffing was determined from the initial dependency assessment and how many people were accommodated. The registered manager told us there was one extra member of staff on each shift than was indicated by the assessments. Additional staff were deployed when necessary. For example the registered manager had recently ensured three new people accommodated were able to continue going to a local day centre with staff. People were always accompanied by staff when they were admitted to hospital.

The registered manager was currently recruiting for 'bank' care staff to be called upon when they were short staffed. Agency nurses were only used to cover those staff on annual leave. The staff we spoke with told us there was sufficient staff to meet people's needs. One person told us there were sufficient staff to meet their needs now but there had been a shortage when agency staff were used. The registered manager had explained to us agency staff were used when necessary to ensure people's needs were always met. Another person said they never had to wait for care and staff came when they rang the bell.

Recruitment records confirmed the service had followed safe recruitment procedures. Checks to help make sure suitable staff were employed to care and support people had been completed. Nurse's registration with the Nursing and Midwifery Council was checked.

People told us they felt safe living at the home and the staff were, "Very good". Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff were trained to recognise signs of potential abuse and they knew what to do to safeguard people. There were clear policies and procedures for safeguarding people which included 'whistle blowing'. Whistle blowing is a term used when staff report an allegation of abuse by another staff member. Bupa had a whistleblowing 'Speak up' policy and a dedicated number for staff to report concerns which was also available by intranet, and was publicised on posters in the home. All staff had been told about this new policy during supervisions.

Safeguarding records confirmed staff had contacted the local safeguarding team and recorded any injuries. Most were minor issues but one unexplained bruising had been reported to the local safeguarding team but not to CQC. It had been investigated appropriately however we requested the records be sent to CQC and to continue in the future.

Individual risks were identified and minimised to maintain people's freedom and independence. The care plans had clear risk assessments for people for example; falls, moving and handling, and for bed rails. The risks were reviewed monthly and any changes were noted and action taken to minimise risks and deterioration in health and wellbeing.

The home was well maintained and health and safety and fire risk assessments had been completed. There was a health and safety meeting between the registered manager and the maintenance person every three months, both had completed health and safety training. The provider's estates manager told us, "Maintenance records were brilliant, up to date and only a couple of minor things needed to be completed".

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Individual evacuation records were completed weekly for people in the event of an emergency and updated should a person's dependency change.

There were infection control procedures for staff to follow and they were trained to prevent cross infection. We observed staff using personal protective equipment to promote infection control.

Accidents and incidents were recorded and included reflective practice and preventative measures. The provider's quality manager looked at any trends with the registered manager monthly. We looked at the records and there was a good example where a needle stick injury to a member of staff had been dealt with appropriately. People's falls records we looked at in the previous few months did not require any further preventative measures.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff had access to a range of training to develop their skills to meet people's needs. Staff completed a four day induction training when they started, then shadowed experienced staff. There was a six month probationary period to ensure staff had the appropriate knowledge to carry out their role effectively. A programme of training to maintain and update staff knowledge and skills was in place and staff were informed when their training was due.

The provider also offered training in more specialist areas to support individual staff development. Staff told us there were study days for specific training, for example tissue viability, wound care and catheterisation. One member of staff told us, "Training is good and available through BUPA. A business case has to be made for external training, but it's still available". The training information given to us indicated most staff training was up to date. The Health and Social Care diploma qualification at level two had been completed by 12 care staff. The majority of staff had completed dementia awareness training. A relative told us the staff were well trained to care for the person living with dementia.

Staff had completed the Mental Capacity Act 2005 (MCA) training. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had a choices and decision care plan where 14 areas of care were assessed. When people were unable to consent for any aspect of their care a best interest record was completed. Staff actively engaged with people to seek their consent. Peoples care records had mental capacity assessments and detailed best interest records where applicable.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training. 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. Staff had an individual copy of what DoLS meant and when to apply it. The registered manager had a clear understanding about the DoLS procedure and two applications had been made but not authorised. One application was withdrawn as the person had made positive progress and records were sent to the authority to prove a DoLS was no longer required. One relative was given a simplified version of the DoLS procedure which they found helpful.

People's changing needs were monitored to make sure their health needs were responded to promptly. They had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. The provider informed us staff had close working relationships with the tissue viability nurse, falls team, continence specialists and mental health services which helped to ensure people had specialist healthcare when required.

People were supported by staff that had regular individual supervision meetings with either the deputy manager or the registered manager and an annual appraisal. Staff told us supervisions were usually

completed every two to six months and enabled them to discuss any training needs or concerns they had. Staff supervision records were detailed and included staff considering various situations that may arise and recording what they would do. Staff told us they felt supported by the registered manager. A nurse told us "Clinical supervision and professional development is available" which they found helpful.

The staff were aware of people's dietary needs and preferences which were recorded in their care plans. The menus were based seasonal foods. The cook met with people to talk to them about their food preferences and people were able to contact the catering staff from their rooms by telephone. People chose their meals the day before but if they changed their mind they were able to order anything they liked. One person said they would feel awkward changing their mind. We discussed this with the registered manager who said they would make sure all people knew they could change their minds about their meals. The menus were displayed outside the dining room and on each dining table. We joined people for lunch and the atmosphere was calm and unhurried. There was friendly engagement between people and staff. People told us about the food and said, "Food is marvellous and there is always a choice", "Food is very good", "I know I can have what I want", "I had a party for my friends and they put on a lovely spread" and "I am eating much better since I came to live here".

Special diets were catered for, for example, diabetic, pureed and fortified foods. Guidance from the speech and language team was obtained and followed when required to ensure people were safe and to prevent choking. Staff told us there were eight people who they supported with their eating. Care plans had individual nutritional risk assessment completed to identify people at risk from malnutrition and dehydration. A person who had lost weight was monitored daily using food and fluid records. The records were complete and included entries regarding fortified foods. Their weight was recorded weekly and had stabilised. The service had a five star rating for food safety, the highest achievable rating, issued by the local environmental health agency.

Good

Is the service caring?

Our findings

Staff knew people well and were concerned for their wellbeing and responded to them in a caring way. People's dignity was respected by staff and 'Do not disturb' notices were added to bedroom doors when personal care was being provided. We saw staff always knocked on bedroom doors and waited for a reply before they entered. One person told us, "Staff are kind and thoughtful and always knock on my door". They told us the staff put a notice on their door in the afternoons when they wanted to rest, so they were not disturbed. A visiting healthcare professional told us, 'Staff treated people warmly and with respect'. They confirmed staff always knocked at the door before entering a room and seemed to, 'Enjoy positive relationships with people'.

All staff enjoyed tea and homemade cakes with people in the afternoons. Staff engaged with people in an easy, polite and friendly manner. Staff told us, "This is a really nice home. The residents and staff are lovely", "I really enjoy giving help to people who can't help themselves. It makes me happy to make someone happy" and "I enjoy working here, we are able to get to know the residents really well".

People told us they were happy with the care they received. One person told us, "There isn't a rusty nail amongst them [the staff]" and they were satisfied with the care they received. A relative was happy with the care provided and told us the staff had made every effort to understand their relative's mode of speech, which was difficult to understand at times.

Staff had built up close supportive relationships with people and their family and friends. Each person had a named nurse and carer which provided people and their relatives with a familiar point of contact to support good communication.

The provider told us people and their relatives were encouraged to write about their life story to share with the staff. This had enabled staff to understand people's values and interests to help meet their lifestyle preferences. People were involved with decisions about their care and the information in their care plans.

People's rooms were personalised with the things they liked to see which included their favourite pictures and ornaments. There was a 'resident of the day system' that ensured each month staff reflected on the person's needs and reviewed their care records with them.

The provider recognised staff who had gone over and above expectations and rewarded them with a presentation in front of staff and people which was called "everyday hero". Staff, people and relatives nominated staff. The staff member was presented with a certificate and small present. Following three nominations a "Hero" badge was presented. The registered manager told us people regularly nominated staff to show their appreciation.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. Advocacy information was provided but people mostly had

family to support them and advocates for people were not currently used.

The complimentary letters we looked at from relatives had the following comments about the staff, 'Kindness and professionalism', 'Great care and consideration' and 'Lovingly cared for'.

Good

Is the service responsive?

Our findings

Care plans were personalised. The examples seen gave a clear description of the people and how to support them with their individual care. Care plans described what people could achieve alone and when they needed assistance this helped staff to promote their independence. The summary in people's care plans were detailed and enabled new staff to know about people and how to care for them. Daily notes included information from people at their monthly review. One staff member commented that an improvement could include information provided to staff before new people arrived, which passed on to the registered manager.

Care plans were reviewed regularly and were up to date. A couple of minor administration gaps in the records were discussed with the manager. An example of a health and social care professional involvement was seen where a person's wound care was well recorded and advice was sought and recorded from a tissue viability nurse. A person's GP was contacted when their mental health depression score was high. A person told us they were visited by a mental health professional.
A healthcare professional who visited regularly told us they had no concerns regarding peoples care and said people were well looked after by the staff. They also told us the relatives and friends gave them positive feedback about the service. Another healthcare professional told us they found the staff team professional, welcoming, flexible and contacted them quickly if any person needed urgent treatment.

People at risk from skin deterioration due to pressure had detailed information in their care plan about the equipment to use to support them and how often to change their position. We saw daily position change charts were completed as required.

Handover information between staff at the beginning of a shift made sure important information about people was shared and acted upon where necessary to monitor their progress. Staff had handover records to complete to monitor different aspects of peoples care.

People had a range of activities they could be involved in. In addition to group activities people were able to maintain hobbies and interests. The activity programme was based on individual choices. Mornings were usually spent socialising with each other, completing a crossword and individual engagement with people in their rooms. Two people told us the activity coordinator visited them every day. Group activities were arranged for the afternoons and included,, board games, computer work and flower arranging. Exercise classes and musical entertainment were provided by visiting entertainers. Topical events were also organised for example a pancake race and Chinese new year symbols and calligraphy.

The activity coordinator was there Monday to Friday and was enthusiastic and very popular with people. Staff provided support for activities during the weekend when the coordinator was unavailable and this included board games. The registered manager told us the provider was planning to have activity staff during the weekend. A person said they liked their own company but enjoyed the weekly Gentlemen's Club where they could have an alcoholic beverage if they wanted it. We were told the ladies preferred a coffee morning. Two people told us they wanted to go out in the community more often, which we shared with the

registered manager. The transport was shared between three services. The registered manager told us transport could be hired and community outings were organised but people often declined to go.

There was a complaints procedure and policy for people and their relatives to see. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two complaints in the last 12 months and they were investigated thoroughly and people and their relatives were satisfied with the responses. The two complaints were recorded and written responses were given to include an apology in one instance. There was a 'concerns' folder, where everyday issues raised were recorded in detail and dealt with promptly. A relative told us their concerns raised were resolved immediately.

Good

Is the service well-led?

Our findings

The registered manager and deputy manager were clearly well known by people who said they provided strong management. A member of staff told us the registered manager was, "Brilliant and considered staff welfare". They had staff meetings every three months and were able to, "Speak up and were listened to". A person told us the registered manager occasionally visited them in their room to see if they were alright. A healthcare professional told us there was a relaxed and welcoming atmosphere and it was clear the registered manager had positive working relationships with all staff. Staff told us they felt well supported by the registered manager.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The quality report from people who completed a customer satisfaction survey in 2015 told us there was overall 86 percent of people satisfied with the service. An area for improvement was activities rated at 50 percent. The loyalty score for people likely to recommend the service had improved since the previous survey in 2014. The action plan completed from the 2015 survey results included the employment of a new activity coordinator in October 2015 and this had been actioned.

At the last 'residents and relatives' quarterly meeting in October 2015 four relatives and three people attended. They discussed menus, the new activity coordinator starting, paths around the home and what the services budget had been used for. Action required for improvement included providing a computer for the lounge and upgrading paths. There was a poster for all to see which had 'You said' and 'We did' and identified what people wanted and the response by the service. A computer had been purchased and the upgrade to paths was planned. The computer was available during the inspection.

Staff meetings were held separately for nurses and care staff every three months and annually as a whole staff group. The minutes for the trained staff meeting indicated several topics were discussed which included safeguarding, medicine management and care plans. The provider supported staff to remain fit by providing financial support for physiotherapy and counselling when required. The registered manager posted information on a notice board for staff to see graphs that indicated where resources were used. This kept staff updated with what was discussed at meetings and the reasons some decisions were made, for example, staffing levels.

Daily 'Take ten' meetings between head of departments were recorded and were short meetings to make sure daily issues were addressed. An example record of a meeting looked at what activities were happening, falls, resident of the day, and clinical risks for a respite admission where an air mattress was needed. The meeting also identified that three people required new telephones with larger buttons due to poor eyesight.

Quarterly quality assurance and health and safety meetings were held with the heads of department and any action required was recorded. There were some minor issues reported in January 2016 which had been completed.

Internal audits had identified shortfalls and action had been taken. Various regular audits were completed to include care plan audits. We looked at a sample where new people had their care plans audited by their named nurse, three days after admission. Then 10 percent of care plans were completely audited each month. Action required was recorded and discussed with staff. The infection prevention audit completed in February 2016 had one minor issue to complete.
Medicine audits were completed monthly, quarterly and six monthly and could be improved. The registered manager was aware the medicine audits did not identify the issues we found on this inspection. They were working to improve this aspect of the audit process.

Staff were encouraged to engage in discussions about the service and share ideas on how the service may be improved. In between formal meetings any issues were shared with the teams on individual shifts. A Care and Quality Team was now in place and there was a planned programme of policy and audit review. The provider told us about the new quality model and quality framework in place which supported the governance process. Monthly provider review visits to the home were completed by the area manager and shortfalls were looked at again the following month to ensure they had been completed. Reviews included conversations with people, relatives and where possible visiting external professionals to seek their views on the service. Information received was used to inform service development.

Part of the services goals, which were displayed for all to see, was for staff to love working there and to be a healthcare partner providing people with access to advice and care.

The registered manager had plans to improve the environment with replacement furniture and additional wheelchair paths in the garden. Other improvements planned included the deputy manager allocated supernumerary time to complete supervision meetings with staff and weekly clinical meetings between qualified nursing staff to dedicate time to discuss people's health and welfare.

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 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe medicine management when records were incomplete and storage was inadequate. Regulation 12 (1) (g).