Care Quality Commission

Bupa Care Homes (BNH) Limited

Hutton Village Nursing Home

Inspection report

Hutton Village,
Brentwood,
Essex CM13 1RX
Tel: 01277261929

Date of inspection visit: 21 July 2015
Date of publication: 27/01/2016

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

Overall summary

The inspection took place on the 24 and 27 July 2015 and was unannounced. Hutton Village Nursing Home provides care and accommodation for up to 39 older people. There were a total of 29 people living at the service at the time of our inspection.

The service has 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.

Environmental risk assessments were in place and while we found that there were arrangements in place to manage risks, there were gaps such as in the documentation. This meant that the home was not always able to evidence actions that they had taken.

Individual risks were identified and managed. There were a range of assessment tools in use and we saw that equipment was in place and people were referred promptly when their needs changed.

The Provider had robust systems in place to ensure that the staff they recruited were properly vetted. There were

Summary of findings

sufficient numbers of staff on duty to meet people's needs People told us that they felt safe and staff were clear about what abuse was and their responsibility to report matters of concern.

Medicines were not always consistently managed. We found clear systems in place for the administration of solid and liquid medicines however the arrangements in place for the oversight of creams and lotions were less robust.

The home was clean and staff were clear about the infection control arrangements in place. However moving and handling slings were shared which could place people at risk of infection.

Staff had undertaken training relevant to their role and were being supervised.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice.

People enjoyed their food and received a varied choice of nutritional meals. Support was available for those who needed it. People health was monitored and they had access to health care support.

Staff had good relationships with the people living in the service. People's care needs were assessed and the assessment included a social history and details of their care preferences. People were supported to maintain their interests and take part in a range of activities.

Complaints were taken seriously by the provider and there was documentation in place to show that concerns had been investigated and actions taken.

The home had recently been refurbished and people were positive about the changes and the management of the home. We saw that the manager was accessible and visible. Quality assurance and governance systems were in place and a range of audits were undertaken and used to drive improvement.

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 not always safe.

Risks were identified and plans put into place to manage them but there were gaps in some processes and recording.

Medication procedures did not always ensure that people received their topical medication when needed.

Staffing levels were adequate to meet people's needs.

Staff were clear about what was abuse and their responsibilities to report matters of concern.

Requires improvement

Is the service effective?
The service was effective.

The Deprivation of liberty Safeguards (DOLS) were understood by staff and appropriately implemented.

Staff had been provided with training and supervision which gave them the knowledge to meet people's needs.

People were provided with a balanced diet.

People had good access to health care support.

Good

Is the service caring?
The service was caring.

Staff had developed positive relationships with people who used the service.

People were supported to express their views and make decisions about their care.

People had their privacy and dignity respected.

Good

Is the service responsive?
The service was responsive.

Care plans were detailed and informative and provided clear guidance about how to meet people's needs.

People were supported to follow interests.

Complaints were investigated and responded to.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There were systems in place to monitor the quality of the service and to ascertain people's views.

The manager was approachable and visible.

Hutton Village 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 21 and 24 July 2015 and was unannounced. The inspection team consisted of two inspectors and a Specialist Professional Advisor (SPA) who had specific expertise in nursing issues including nutrition and infection control.

Prior to the inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

The Care Quality Commission (CQC) had been made aware of an incident that had occurred at the service which was being investigated by the police. We will continue to liaise with the provider and police on this matter until an outcome is reached. Part of this inspection considered matters arising from that incident to see if people using the service were receiving safe and effective care.

We spoke with ten people, thee visitors and eight staff as well as members of the management team. We looked at three staff records; peoples care records and records relating to how the safety and quality of the service was being monitored.

Requires improvement

Is the service safe?

Our findings

Risks to individuals were being identified and managed. People told us that they were well cared for and that they felt safe. One person said, "It is like a family here, we are very well cared for." Clinical risk meetings were held weekly to review individuals who had been identified as being at risk, and key areas such as nutrition, weight loss and tissue viability were reviewed. Actions taken were recorded and staff were clear as to their responsibilities.

A range of assessment screening tools were used by staff to identify risks. The Malnourishment Universal Screening Tool (MUST) was used to identify individuals at risk of malnourishment. Waterlow risk assessments were undertaken to identify those at risk of pressure damage. Where risks were identified there were individualised plans in place to manage the risks. We saw that appropriate equipment such as pressure relieving mattresses were in place and care plans documented the settings that should be used. We checked a sample of these and they reflected the recommended levels. Records were in place to evidence that individuals were being repositioned on a regular basis and those individuals who were identified as being at risk of poor nutrition were weighed weekly so that any weight changes were identified and addressed immediately. We saw that people were referred promptly to health care professionals such as tissue viability and dieticians.

There was a proactive approach to reducing the occurrence of incidents in the home. Data such as numbers and types of incidents, hospital admissions, falls and pressure ulcers were reviewed as part of the provider oversight arrangements to look at improving practice.

Environmental risk assessment and fire safety records for the premises were in place to support people's safety. The fire alarm log book showed that regular testing of alarms was undertaken. A recent drill had been undertaken but we saw that these were not always taking place regularly which could present risks if staff needed to respond quickly in the event of a fire.

We saw that tests were undertaken on the moving and handling slings to ensure that they were safe to use. Work on the plumbing system was being undertaken on the day of the inspection and we saw that the showers were out of use. People told us that they were able to have baths when they wanted one. We spoke to staff about the systems that were in place to reduce the risks of scalding and we were shown water testing schedules. These showed that testing was not always undertaken in a systematic way and some rooms were tested on a more regular basis than others. The actions taken to address anomalies were not documented but the manager told us that this would be addressed. We sampled the water temperature at a number of water outlets and noted that this was within normal range.

Staff told us that they had received training on the safeguarding of adults and were clear about what was abuse. While not all staff were clear about the role of other organisations such as the Local Authority Safeguarding team they were confident that senior staff would take the right actions to protect people. One person said, "If I came across anything I would go to (the managers) and they would do something about it." The registered manager was aware of their responsibilities for keeping people safe and the local procedures for reporting concerns. We saw that appropriate referrals had been made.

People told us that there needs were being met and staff were available. One person said, "Staff are there were you want one." Another person told us staff always answered the call bell "promptly" when they needed assistance.

We observed that staffing levels on the day of our visit was satisfactory. Staff were visible and responded promptly to call bells which were all were answered within a couple of minutes. Staff told us that, "It can be busy at times, like first thing in the morning if a lot of people want to get up at the same time." The staff member said that it was important to talk to people and let them know that you would be with them soon. They said, "If a buzzer goes off and I'm in the middle of something I would excuse myself and go to the person and see what they want. I would tell them I would be back as soon as possible."

The manager told us that the home was fully staffed with nursing staff but they were recruiting carers. In the interim there was some agency use but where possible they tried to use consistent agency staff to ensure continuity of care.

We looked at the recruitment records for three staff who had recently been appointed. Records showed that checks such as references and Disclosure and Barring Scheme (DBS) checks had been made prior to the commencement of employment. This was to ensure that they were safe to work with people.

Requires improvement

Is the service safe?

Medicines were not always consistently managed. We observed the medication round as part of our inspection, and noted it was undertaken safely. The nurse discussed each person's medicine with them and ensured they had a drink, as well as giving them time to take their medicines. The medicine trolley was kept locked when unattended, and the nurse signed the medication administration charts after the medicines had been taken. We checked samples of Controlled Drugs (CD) and saw that they were appropriately signed for and the quantities in stock tallied with the CD register.

Photographs were in place for identification purpose, and details of any allergies were identified in personal profiles. There were protocols in place for medicines that were prescribed on an 'as required' basis.

We looked at the records for the administration of creams and lotions and saw that this was not well managed. Records for the administration of creams and sprays were not consistently completed. One of the people whose notes we looked at had a red area, and a further three individual's records either had gaps or showed that some products had been out of stock for some time We brought this to the managers attention and they told us that they would follow this up with the relevant staff.

Infection control arrangements did not always protect people. The premises had recently been upgraded and were in a good state of repair. One person said," It is beautifully clean, everything is done top to bottom." We saw that areas were clean and hygienic and items were appropriately stored.

Staff were clear as to their responsibilities and we saw that information had been handed over about infection management. We saw that housekeeping staff completed cleaning schedules and worked in a systematic way. We observed that care staff used Personal Protective Equipment appropriately as they were undertaking their duties such as personal care and food preparation.

Staff told us that not all individuals had their own sling for moving and handling. We observed that after use, slings were returned to the storage area for use by another individual. This was an infection control risk and we recommend that the provider seeks advice and guidance from a reputable source.

Good

Is the service effective?

Our findings

People told us that the staff were good and they felt well supported. One person said, "they (the staff) know what they are doing."

Staff told us that they had good access to training and that they had undertaken an induction when they had first started to work at the service, this included a range of areas including moving and handling, dementia and pressure care. One member of staff said, "The training is good. As well as all the mandatory training we get the opportunity to do NVQs." There were records on staff files to evidence that training had been completed. Staff demonstrated through discussion and observation that the training was effective as they had a good understanding of how to assist people move and infection control procedures.

Staff told us that they were supported by the management team and were provided with regular supervision sessions to reflect on their practice and identify any training needs.. We saw that the manager used a spreadsheet to monitor overall supervision and identify gaps. Staff told us that staff meetings were held regularly.

Communication between staff was described as good and staff told us that care staff and nursing staff worked well together to ensure that people's needs were met. One staff member said, "their views were valued and they could discuss aspects of people's individual care and support with nursing staff."

People told us that they had a say in how they were supported and their wishes were respected. The manager had a good understanding of the Mental Capacity Act 2005 (MCA). Staff were aware of the principles of consent and care records showed that the principles had been used when assessing an individual's ability to make decisions on everyday matters such as receiving personal care. One care plan stated that the person, "Has capacity to make decisions about her care, they like to discuss complex decisions with (their family), and they are able to make their own eating and drinking decisions." Applications had been made to the appropriate professionals for assessment when people who lacked capacity and needed constant supervision to keep them safe. This met the requirements of the Deprivation of Liberty Safeguards (DOLS.)

People very positive about the food and told us that they enjoyed the meals. One person said, "The food is good and we can have what we want.' Another person told us, "The food is nice, we have choice and if you want something special, they get it for you." A visitor told us that the person they were visiting liked the food and had put on weight since being at the home.

We observed lunchtime during our visit and found it to be calm and relaxed. We observed staff assisting people to eat, this was undertaken sensitively and staff sat alongside individuals and chatted with them. The support provided was appropriately placed. We noted that people in their rooms all had drinks within reach and those eating in the dining room had different types of drinks reflecting their individual preferences.

Individuals were offered a choice of main meal and the food served looked appetising. We saw that one person refused the meal provided but they were offered alternatives. We checked the records and saw that this individual had been identified as at risk of poor nutrition and a referral had been made to the dietician.

Likes dislikes and allergies were all recorded on individual's records and we noted comments such as "Loves milky tea" or likes a "Kit Kat." We saw that there was a four-week rotational menu, but alternatives were always available. The chef met regularly with the residents and families and food surveys were undertaken.

Those who were identified as at risk of poor nutrition had their meals fortified with cream, whole milk and milk powder. Staff told us that they provided fortified milk shakes. Kitchen staff told us that they were informed verbally by nursing staff of any special dietary requirements including soft and pureed diets. We noted in the survey that one person said, "As I have an allergy I have found the staff most helpful under the circumstances." We saw that food temperature checks were completed.

People had access to health care support when they needed it. We saw that people's health care needs were identified and clear plans were in place regarding management. We saw specific care plans for example on chronic obstructive pulmonary disease and dyspnoea. Staff spoken with were clear about individual needs and the plan in place.

Good

Is the service effective?

We saw that people had good access to range of health professionals such as chiropodists, dentists and the tissue viability specialist. Appointments such as those to clinics and geriatrician were recorded.

A range of health monitoring checks were undertaken including monthly checks on temperature, pulse, respiration and blood pressure. We saw that regular evaluations were undertaken and when people's health needs changed and referrals to other professionals were made promptly. Guidance was available to care staff on specific health conditions

Good

Is the service caring?

Our findings

People were happy with their care and told us that staff were caring. One person told us that staff were "polite" and another said, "Staff are very kind."

We observed support being provided during the inspection and saw that staff had good relationships with people. We observed people smiling and chatting together. Staff were attentive and interacted with people in a respectful way. We overheard staff offering assistance and asking people if they were comfortable.

Staff spoke warmly about people and knew them well. They were able to describe individual's preferences and care needs. A member of staff told us that they were able to spend time with people and comfort them if needed.

People told us that they felt listened to and enabled to make decisions about how they spent their time and the levels of support. One person said, "I like to read the paper every day and then watch television. I like to go to bed about seven o'clock and watch television until about ten." Another person told us that they were very happy with the care and said, "If there was anything I didn't like I would soon say."

Staff told us that they gave people choices and we observed staff asking people what they would like to do and what they would like to drink. People were given time to respond.

People told us that their privacy and dignity was promoted and this reflected our observations. People looked well cared for and their clothing was clean and well fitting. Support with eating was provided in a way that respected the individual's dignity. We saw that people's dignity was protected when people were returning from the bathroom after bathing, and that staff made sure that doors were closed when providing personal care. Staff were supportive, but also encouraged people to be independent such as when walking. Staff were able to demonstrate that they had a good understanding of the issues regarding confidentiality and we saw that personal information was appropriately stored.

Good

Is the service responsive?

Our findings

People spoke positively about the care they received and told us that their needs were met. A visitor said, "(The person) looks very well and has never been happier, they really likes the food and has put on weight." and "I am happy with the care, the staff input has been brilliant."

One person said "I'm very lucky." And described how the service enabled them to spend their time how they wished to. Another person told us it was like being "at home" and told us how they continued to be, "very interested in life."

We saw that preadmission assessments were undertaken before people moved into the service and this information was used to develop a plan of care. We saw a document entitled, 'My Day, My Life, My Portrait' in which was recorded information about the person. Staff told us that relatives were involved in the assessment process and provided information about their family member's likes, dislikes preferences and past life. Staff told us that it was good to get background information, but sometimes people's needs changed and gave an example of one person who had a cooked breakfast every day at home but now preferred to have fruit and toast for breakfast.

Care plans were informative and contained information about people such as allergies and health needs and the actions that staff should take to meet them. For example one care plan listed the type and size of urinary catheter and when it was to be changed.

People's care preferences were also clearly identified in the care plan. For example one plan stated; the person "likes to have her room open during the day and night; she likes a call bell to be beside her."

Care plans reflected the care delivered, and we saw that when people's needs changed, for example when they had lost weight, the care plans were updated to reflect changes. Routinely monthly evaluations were undertaken.

People were supported to follow their interests and take part in a range of activities. We observed people accessing different areas of the building including the garden. A representative from the local church visited and spent time with people in their rooms. One person told us that there was an activities person who came in every day and there was always something to do. They showed us the activity planner for the previous week which listed a range of group and individual activities. They told us, "Its owls today." We later observed a large group of people in the garden with an individual who had a number of owls. Staff were assisting and enabling people to put on gloves so that they could hold the birds. The atmosphere was relaxed and people were smiling and fully engaged in the activity.

People told us that concerns were well managed. One person said, "The manager is nice, if I want anything I ask her, it is done immediately." Another person said, "Any little complaint they've sorted it for me."

We looked at the records of complaints and this showed that complaints had been investigated and responded to. Where shortfalls or learning was identified the manager was able to demonstrate that actions were taken to address the concerns raised.

Good

Is the service well-led?

Our findings

People told us that the home was well managed and they and the staff spoke about the home in a positive way. The manager was accessible and we observed them spending time with people who lived in the service. We saw that meetings were held with individuals and relatives on a quarterly basis. The minutes of the last meeting had been well attended, and people were encouraged to share their views, opinions and ideas.

People had completed a survey on the quality of care and meals provided, and we noted the results were positive. Some environmental issues had been raised, but we were told that these had been resolved with the refurbishment. The survey results were incorporated into a summary report informing people of the outcome.

One member of staff told us, "There is a lovely atmosphere." Staff told us that they could speak to the management team and were confident they would be listened to. One person said, "The manager is a breath of fresh air." The manager was clear about the service objectives and was in the process of updating the homes statement of purpose to ensure that it was up to date and reflective of the care provided.

Staff were clear as to their responsibilities and told us that they received regular supervision. There were clear lines of accountability across all levels of staff and we observed the manager directing staff and addressing issues in a positive way. The manager understood and demonstrated their legal responsibilities for notifying CQC of deaths, incidents and injuries which occurred which effected people who lived in the home.

Staff were positive about the recent refurbishment of the home and were well motivated. One member of staff told us, "It is a very friendly home. There is good teamwork and no divides. "We all pull together." Another member of staff said, "The nurses have a job to do and we do ours. We all work together as a team. "

There was a range of systems in place to check the quality of the care provided and drive improvement. The management team carried out a 'clinical walk around audit.' This occurred daily and a record was made of any issues such as accidents, hospital admissions and those individuals who required a doctor's visit. This enabled the manager to maintain a consistent oversight of the service. Any actions taken and issues which needed to be followed up were also recorded. In addition there was a clinical risk meeting held weekly where they monitored risk areas. Actions taken were recorded as with other audits.

The provider had arrangements in place to monitor the quality of care. A range of cooperate and internal audits were undertaken. We saw for example that internal audits had been undertaken on medication and infection control.

The area manager undertook monthly audits which looked at areas such as the use of bedrails, nutrition, weights and hospital admissions. Where there were anomalies in the data, we saw that clarification was sought from the manager and clear guidance given as necessary. Reports were available and we saw that one of the areas that had been explored was nutrition. Following the audit staff were reminded that they must use pressed strawberries rather than strawberry favouring and "shakes must be given outside of meal times so as not to impact on appetite."

Following the audit action plans were put into place and the manager told us that these were followed up by the area manager.