Bupa Care Homes (ANS) Limited

Canning Court

Inspection report

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Ratings

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

Overall summary

The inspection took place on 7 October 2014. It was an unannounced inspection.

Canning Court provides residential and nursing care to older people with dementia. It is a purpose built home which is registered to provide care for 64 people. The home has two floors, a ground floor unit called Hamlet, and the first floor unit called Gower. People who lived at Canning Court had limited mobility. At the time of our inspection there were 61 people living at Canning Court.

Canning Court is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection, this service did not have a registered manager in post and had not since June 2013. An interim manager had been in post for one week at the time of our visit and the process for completing their registration application to the CQC had started.

People who lived at Canning Court, relatives and staff told us they thought people were safe. There were systems and processes in place to protect people from the risk of harm. These included robust staff recruitment,

Summary of findings

staff training, a safe environment and appropriate equipment. Risks to people were minimised because they received their care and support from suitably qualified staff in a safe environment that met their needs.

People told us staff were respectful and kind towards them. We observed staff were caring to people throughout our visit. We saw staff protected people's privacy and dignity when providing care to people.

People told us there were enough suitably trained care and nursing staff to meet their individual care needs. There was a system in place that reallocated staff to ensure people's needs continued to be met. We saw staff spent time with people, provided assistance, support and reassurance to people who needed it.

Staff understood they needed to respect people's choice and decisions if they had the capacity to do so. Assessments had been made and reviewed about people's individual capacity to make certain care decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family and appropriate health care professionals. This meant the service was adhering to the Mental Capacity Act 2005.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). We found the provider did not notify the Care Quality Commission when referrals had been approved. The Area Manager told us they would ensure future approvals were notified to us.

People's health and social care needs had been appropriately assessed. Care plans provided accurate, detailed and up to date information for staff to help them provide the individual care people required.

There was a safe and effective procedure in place for managing people's medications safely.

There were systems in place to monitor and improve the quality of service people received. The recently appointed manager had identified areas that required improvements. We saw plans were in place to ensure the effectiveness of regular checks would be maintained. Staff told us they felt supported by colleagues and managers and if they had any concerns, these would be listened to and acted upon.

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?

Good

The service was safe.

Staff knew how to safeguard people from the risks of abuse.

People had appropriate risk assessments in place that made sure they received safe and appropriate care.

There was an effective system that made sure suitable and sufficient staff were recruited to meet people's needs.

There was a procedure for managing people's medication safely.

Is the service effective?

Good

The service was effective.

We saw staff demonstrated a good understanding of people's care needs. People were supported by care staff who had received training to support people effectively.

The manager and staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make certain decisions, best interests meetings had been held with family members and healthcare professionals.

People were provided with a choice of meals and drinks that met their dietary needs. People were referred to dieticians and speech and language therapists to ensure their health and wellbeing was maintained.

Is the service caring?

Good

The service was caring.

People received care and support at a pace that suited their individual needs from staff who were patient and understanding. People told us they were involved in their care decisions and staff listened and acted upon their decisions.

Care staff had a good understanding of people's preferences and how people wanted to spend their time. People's privacy and dignity was respected and people were referred to by their preferred names.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's changing health care needs. Referrals and interventions had been made by the appropriate health care professionals.

The service was responsive when reviewing people's care records when needs had changed. People were supported with their hobbies and interests and further improvements were being made to make them more focussed on individual preference.

Summary of findings

People told us they knew how to make a complaint, were happy with the care they had received and had no complaints about the service.

Is the service well-led?

Good

The service was well led.

The service was required to have a registered manager. At the time of this inspection there was not a registered manager in post. This service last had a registered manager in June 2013. An application had been submitted to us for the manager to become the registered manager.

The manager had not submitted to us the relevant statutory notification when people's freedoms under the Deprivation of Liberty Safeguarding (DoLS) had been approved.

The newly appointed manager had already identified improvements and had plans in place that improved the service people received.

People and staff were positive in their comments about the new manager and felt they were approachable and supportive to any suggestions that improved the quality of service.

Canning Court

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 was 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 7 October 2014 and was unannounced.

The inspection team consisted of two inspectors 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 care service. The expert by experience had experience of caring for a relative with dementia.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We reviewed information we held about the home such as statutory notifications, (the provider has a legal responsibility to send us a statutory notification for changes, events or incidents that happen at this service), safeguarding referrals, complaints, information from the public and whistle blowing enquires. We also spoke with the local authority who confirmed they had no information or concerns regarding this service.

We spent time observing care in the lounge and communal areas. 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 spoke with six people who lived at Canning Court, eight relatives and a visiting doctor. We also spoke with 12 staff (both care and nursing staff), the area manager and the manager. The manager was not registered with the Care Quality Commission at the time of our inspection.

We looked at six people's records and other records related to people's care including the service's quality assurance audits, complaints and incident and accidents at the home.

Good

Is the service safe?

Our findings

We asked people who lived at Canning Court if they felt safe living at the home. For example, we asked them whether they felt safe with staff, other people and visitors. We also asked them if there were enough staff to look after them and whether they received their medicines on time. One person told us, "Yes very safe, you can always get help." This person also told us, "Staff treat me well as they know I can take my tablets, they treat me as a grown up." We asked relatives if they thought their relations were safe. They all told us they felt people were safe. One relative said: "Oh gosh yes, 120%."

We asked staff how they made sure people who lived at the home were safe and protected. All the staff we spoke with had a clear understanding of the different kinds of abuse. Staff knew what action they would take if they suspected abuse had happened within the home. For example, one staff member said, "I would contact social services".

People and staff had access to the information they needed to help them to report safeguarding concerns. Telephone numbers were displayed in communal areas for people, relatives and visitors. People and relatives we spoke with knew what to do if they suspected abuse had taken place. A local safeguarding policy was displayed in the manager's office which provided additional details and contact numbers for staff should they be required. The manager was aware of the safeguarding procedure and knew how to make referrals in the event of any allegations received.

We saw the provider had plans in place to ensure people were kept safe in the event of any emergency or unforeseen situations. Plans provided information to staff about the action to take in the event of an unexpected emergency that affected the delivery of service, or that put people at risk. For example, plans described how people remained safe and protected in the event of a loss of services such as a loss of utilities or a fire. Staff understood what action they should take in the event of an emergency.

Staff had a good understanding of where people may be at risk and how to respond in the best way for the person. Where people required constant supervision and were unable to leave the home, staff found ways of diverting people to reduce their anxieties. This helped make sure this person, staff and other people remained as safe as possible. We spoke with a relative of one person who required constant supervision. They told us, "My [relative] was aggressive when they moved to the home but they (staff) have managed it with medication and kindness."

Records seen demonstrated staff had identified where people were at risk and action had been taken to reduce that risk. For example, one person was at a high risk of falls and received additional support from staff during the day to minimise further falls or accidents. This helped protect people from further incidents and accidents and helped maintain their health. Risk assessments and action plans were regularly reviewed and updated.

All of the people said there were enough staff. One relative said, "The nurses are great, there are that many of them you are falling over them." The manager and staff told us there were enough staff to meet people's needs. We found systems were in place which meant staff could be re-deployed to other parts of the home which required it.

We saw staff supported people at their own preferred pace. Staff were not rushed and spent time engaged with people in conversation or supporting people to move around the home. Staff were observed supporting people in all of the communal areas and in people's rooms to make sure people remained safe.

We looked at four medicine administration records, to see whether medicines were available to administer to people at the times prescribed by their doctor. The records showed people received their medicines as prescribed. One relative told us, "They always get their medication at the same time." We found the provider had a robust system for recording the disposal of medicines that had either been refused by people who used the service or where there was an excess quantity at the end of medicines cycle.

We looked at the care records for two people who had their medicines administered to them by disguising their medicines in either food or drink in order to see this had been managed appropriately. We saw the decision for covert administration of medicines had been agreed by a multidisciplinary team, recognising that this action was in the person's best interest. We saw written information telling staff how to carry out the covert administration process safely and consistently. This meant covert medicines were being administered safely.

Good

Is the service effective?

Our findings

People told us the service they received was good and they received their care and support with minimal delay. One person told us, "You couldn't ask for better." We asked relatives if they felt the staff had the appropriate skills and knowledge to provide care to their family members. All of the relatives we spoke with felt staff had the right skills. One relative we spoke with said, "It was such a relief to see [person] so well looked after."

Staff had a good understanding of the needs of each person, and showed they had the skills and knowledge to support people effectively. For example, we observed staff supported people who walked around the home as part of their daily routines. Staff provided constant reassurance and were engaged in conversations that made people feel relaxed and involved. The atmosphere at the home was calm and relaxed, people laughed and chatted to staff and other people and visitors.

Records showed all the care staff had completed training in 'behaviours that challenged' and over half of the care staff completed training in 'caring for people with dementia'. Staff told us they were supported to take part in further training. One staff member told us they completed further training in dementia care. The staff member said: "Anybody who has any dealings with people who live with dementia should do it." They told us they found the course very useful and had become a trainer so they could share this learning with other staff in the next few months. Training records showed staff had received training to provide them with up to date knowledge and skills to support people effectively.

Staff told us they had completed a comprehensive induction when they started at the home. One staff member said: "I had four weeks training and shadowed experienced staff. I also had a mentor for six months." Staff told us they had regular supervision meetings and appraisals of their performance with their line manager. We saw records that confirmed this. One staff member said: "I received feedback about my work through supervision every month and staff and nurse meetings."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff made sure people's human and legal rights were respected. One person had a DoLS assessment in place and the provider had followed the requirements in the DoLS. The DoLS requires providers to submit applications to a 'Supervisory Body' for authority. We saw an application had been authorised and the provider was complying with the conditions of authorisation.

People told us they enjoyed the food, were provided with a choice of food and drink and were allowed to eat their meals where they wanted. One person said, "The food is lovely and you get a choice." We found the mealtime experience was unhurried and staff talked with people throughout. At lunchtime staff assisted those people who required help and supported them at their own preferred pace. We saw staff worked to an effective system which meant meals were not rushed and they had time to interact with people.

People's care records showed individual dietary needs were taken into account and acted upon. For example, some people who had difficulties swallowing had been seen by the speech and language therapy team. Their input helped determine whether people needed specific changes to their diets such as thickeners in their drinks or soft or pureed foods. The cook showed us the system they had to ensure they and the catering staff knew of people's specific dietary needs. This meant there was an effective system in place that made sure people received the right care and support to meet their needs.

Records showed people had received care and treatment from health care professionals such as dentist, opticians, district nurses, occupational therapists, speech and language therapists and dieticians. The GP visited the service on a weekly basis and saw people who required treatment. On the day of our visit, a GP visited the home and we asked them their views about the effectiveness of the staff and the service people received. The GP was extremely positive in their comments. They said, "The nurses are outstanding and if I give any advice I am confident it is put into practice."

Good

Is the service caring?

Our findings

People who used the service, relatives and other people who have contact with the service told us staff were caring and supportive to their needs. One relative said, "I can't say enough about the staff. You couldn't wish to meet a nicer bunch of people." We also looked at cards and letters sent in by family members. Comments included, "Absolutely first class", and "I was greatly reassured by the kind and gentle way you [staff] dealt with [relatives] needs in the last 18 months of her life."

People received care and support from staff who knew and understood their history, likes, dislikes and personal needs. People received support from staff that consistently provided choice, maintained people's dignity and were respectful at all times. One staff member we spoke with said, "All our residents have a great history and great minds and we treat everyone with respect." We found staff knew people's cultural needs and supported people with their choice. For example, religious needs were met. One staff member told us staff had organised a visiting priest which provided holy communion to this person.

Staff interacted positively with people and engaged people in conversations. Staff supported people to move freely around the home at their own pace. When people became anxious, staff attended to people with little or no prompting from others. Staff spent time with people and comforted those who appeared upset. This meant people received care from staff who were attentive, caring and compassionate towards people's individual needs.

Where people could not communicate through speech, staff knew how to communicate with them. One staff member told us about a person. They said, "When you talk to [person name] if [person name] starts to roll their tongue it means they can understand what you are saying." This showed staff had a good understanding of people's individual communication needs and how staff involved people who had limited communication skills.

Canning Court had a 'resident of the day' programme which meant a person or person's care was reviewed on a chosen date and amended as required. People told us they were involved in decisions about their care. Relatives also told us they were contacted prior to care reviews and asked if they wanted to participate. One relative told us, "I am kept fully involved with my [relative's] care. Relatives we spoke with said they could visit their family member's whenever they wanted. One relative said, "I also bring a friend who is in a wheelchair, so access is no problem. You're always welcomed." Relatives told us they were always kept informed about any changes that affected their family members.

People and relatives told us staff respected their privacy and dignity when staff supported them or their family members. We saw staff knocked on people's doors and wait before they entered people's rooms. We heard staff address people by their preferred names. Staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity. Staff gave us examples of how they did this. For example, making sure people were covered as much as possible.

During our inspection we saw two care staff helped transfer a person from a chair to a wheelchair using a hoist. One care staff member closed the curtains before they attempted to move this person. When the transfer was finished, they opened the curtains. We spoke with this staff member and they said, "Even though we are on the first floor, we are overlooked by those buildings. I need to protect people's privacy and dignity."

We observed a person walked past us who was coughing when we were talking with a nurse. The nurse explained they needed to check on this person as they had asthma. This demonstrated staff's awareness of people's health needs and how individual staff put people first.

Good

Is the service responsive?

Our findings

People told us they received the care, support and treatment when they required it. People and relatives said staff listened to them and responded to their needs. For example, we saw one person was very agitated at lunchtime. Staff comforted this person and responded to their requests.

There were two staff members known as 'co-ordinators' who supported people with their hobbies and interests. We spoke with one of the co-ordinators and asked them how people's hobbies and interests were planned. We were told there was a monthly structured programme for group activities and time was planned to support people individually or in small groups. We were told how people who had limited capacity, were supported. The co-ordinator and staff told us they read books or showed them pictures of topics that related to their previous experiences. Staff told us this information helped them to understand what lives people had before living at Canning Court.

We looked at six care plans and found they all contained detailed information that enabled staff to meet people's needs. All of these care plans had been reviewed and updated as people's needs had changed. These records contained life histories and personal preferences. One relative we spoke with said, "They asked [person's name] preferences when they moved in and their life history. They know [person's name] like I know them now."

Care plans were focussed on people's individual needs which meant people received the care and support they needed. For example we saw a care plan for a person who had diabetes. The care plan contained information for staff to manage this person's condition. This care plan also contained guidance for staff to follow when diabetic nurse intervention was required and was updated when required. This meant staff had up to date information to support people appropriately.

People and relatives told us they were pleased with the service they or their family members received. One relative we spoke with had made a complaint. They told us they found the manager was approachable and they dealt with their concerns immediately. All of the people and relatives told us if they had any concerns, they would raise them. One person said, "I would go to the manager." Complaints had been considered, investigated and responded to in line with the provider's policy. The area manager told us complaints were analysed and systems put in place to prevent similar complaints reoccurring. We saw the complaints policy and procedure was written in a service user guide and we were told everyone had been given a personal copy.

Good

Is the service well-led?

Our findings

People told us they felt the home was well managed and they were asked for their opinions on the service they received. A relative told us, "I do feel my comments are listened to." The manager made several visits throughout the day interacting with people and staff. People told us the manager was very approachable and felt comfortable raising any concerns they had. The manager told us they did a 'daily walk around' to check everything was okay with the premises and to make sure people could speak with them if they needed. People and relatives confirmed this.

This home is required to have a registered manager in post. Our records confirmed that a registered manager had not been in post since June 2013. The interim manager told us they had been at the service for one week and had applied to the CQC to be the registered manager of this home.

During our visit the area manager told us they had one person who had restricted freedom. The Care Quality Commission should be notified when an application under DoLS had been approved. Our records confirmed we had not received a statutory notification as required from the provider. The area manager agreed to make sure we would be notified in the future. The provider has submitted to us all other statutory notifications so we are assured they will submit any statutory notifications when further DoLS applications are approved.

We saw people and relatives participated in quarterly meetings to give their views about the home. Their opinions were recorded and where appropriate, people's views had been listened to and acted upon. This meeting was attended by five relatives. The manager told us they planned to reschedule future meetings at different times of the week to ensure as many relatives as possible could attend and share their views and experiences.

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. One staff member said, "Yes definitely. No problem with that." Staff told us they had regular work supervisions, annual appraisal and team meetings with manager's and team leaders. We saw records that confirmed this. Staff told us the provider supported whistleblowing and staff felt confident to do this if they had any concerns about the service.

We found staff had regular meetings to discuss any issues or concerns. We saw a record of the last meeting held in July 2014. We saw issues affecting the service were raised. For example, staff and managers discussed the importance of Depravation of Liberty Safeguards (DoLS), staffing levels, incidents and accidents, and mental capacity assessments. This meant the provider made sure staff were kept informed of issues, and provided with them opportunities to discuss any concerns they had.

Records showed staff recorded when an accident or incident occurred. Incident records were reviewed regularly to identify patterns or trends, for example any falls people had or where accidents had occurred. We saw that appropriate action had been taken by the manager following an accident to minimise further risk and to learn from incidents to avoid re occurrence.

The provider had systems to monitor the quality of service people received. The provider had their own internal teams that completed regular audits (checks), incidents and accidents, complaints and other areas of concern. Where concerns were identified, the internal team would visit the service unannounced and investigate specific concerns.

The area manager completed monthly visits and looked at certain areas. We looked at a recent check completed 01 September 2014. This audit looked at the quality of care plan reviews, moving and handling risk assessments, medicines, quality leadership management and discussions with people and relatives who used the service. An action plan was completed and improvements had been made. For example, this audit identified allergy stickers were not kept on some individual medicines records and recommended this was put in place. We checked four individual medicines records and found allergy stickers were now included.

We looked at other examples of audits that monitored the quality of service people received. For example, the manager completed regular checks on care plans, monthly weights, medicines management, infection control, health and safety and the environment. These audits were completed to make sure people received their care and support in a way that protected them from potential risk. Where audits identified improvements, we saw actions had been taken. In addition to the monthly medicines audit, we saw a medicines audit was completed by staff nurses as part of a peer review process. This meant one nurse checked another nurse's medicines records. Nurses told us

Good

Is the service well-led?

they found this useful because it helped them to maintain and improve their own knowledge. The manager told us this helped the service to develop and improve their clinical governance to deliver a higher quality of care to people. The manager told us this helped drive improvements because it made staff more accountable for their own actions.