Bupa Care Homes (ANS) Limited

Wilton Manor Nursing Centre

Inspection report

Wilton Manor, Southampton
SO15 2HA
Tel: 02380 230555
Website: www.bupa.co.uk

Date of inspection visit: 19, 21 and 24 August 2015
Date of publication: 17/11/2015

Ratings

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

Overall summary

This inspection took place on 19, 21 and 24 August 2015 and was unannounced. The home provides accommodation for a maximum of 69 people and provides care to older people with mental health needs and those living with dementia. There were 65 people living at the home when we carried out the inspection.

Following our last inspection on 20, 24 and 25 November 2014, we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Compliance actions were set for breaches of Regulation10, related to a failure to identify shortfalls and take action related to the environment. Also Regulation 13 management of medicines was not always safe, regulation 23 supporting staff were not receiving training and supervision and Regulation 12, infection control.

At this inspection we found improvements had been made to the management of medicines. Medicines were being stored safely on every floor of the service. Measures had been put into place to ensure medicines were given out safely and staff were not interrupted.

Summary of findings

The infection control practices in the home were inadequate and put people at risk of cross infection. The provider had not taken adequate precautions to ensure infection control practices were safe and measures put into place to minimise the spread of infection.

Staff were not supported through formal supervision, but were able to approach the manager with any concerns and felt they would be acted on. Not all staff had completed updates in dementia training and safeguarding adults training as per the provider's policy. However they knew the people at the service well and how best to meet their needs. Staff were also able to identify different types of abuse and what actions they would take. The home had adequate staffing levels and new starters completed a training programme during their induction.

Assessments of people's needs were completed which included any risks and there person's preferences. Care plans had been developed to identify the care and support people required and how to meet those needs. People's healthcare was managed appropriately and specialist advice sought when required.

People were treated with privacy and dignity at all times. Staff kept relatives informed of any changes.

There were systems in place for monitoring the quality of the service provision and regular audits were completed. We found that these were not always effective.

There a system in place for responding to complaints. Complaints were recorded along with information about the investigation and outcome as well as any feedback which had been provided.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

You can see what action we told the provider to take at the back of the full report.

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?

Requires improvement

The service was not always safe.

Infection control practices did not protect people from the risk of cross infection.

Needs were assessed and care plans were developed and measures put in place to support people.

Accidents and incidents were followed up and action plans developed to maintain safety.

People received their medicines as prescribed.

People told us they felt safe and staff knew how to identify and report abuse. Staff knew how to respond to an emergency situation and both individual and environmental risks were managed appropriately.

There were enough staff employed to meet people's needs at all times and the process was robust and helped ensure that people were suitable for their role.

Is the service effective?

Requires improvement

The service was not always effective.

Staff were not appropriately supported through regular supervision; not all training was up to date and may impact on the care people received.

Food and fluid charts were maintained and people's nutritional needs were met effectively.

People were offered choices with their meals and they were supported to make the choice.

People were supported to access appropriate healthcare services when needed. Guidance was being followed to ensure the environment was suitable for people living with dementia.

Is the service caring?

Good

The service was caring.

People were treated with kindness and staff respected their privacy and dignity.

Staff understood people's needs and knew their preferences. Staff were caring and showed respect calling people by their preferred names.

People were involved in assessing and planning the care and support they received.

Summary of findings

People were supported to maintain relationships with their family and friends. Relatives were able to visit and were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People's care plans and assessments were reviewed and updated to reflect changes in people's needs.

People had access to appropriate activities.

An effective complaints procedure was in place and the provider sought feedback which was then acted on.

Is the service well-led?

Requires improvement

The service was not always well-led.

There were quality assurance systems in place and a number of audits completed. However, the audit system did not identify the issues with infection control.

There was an open and transparent culture within the home. The registered manager was approachable and people felt the home was well run.

Wilton Manor Nursing Centre

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 the 19, 21 and 24 August 2015 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.

Before the inspection we reviewed the information we held on the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with 19 people who lived at the service, three relatives, the registered manager, deputy manager, the area manager and quality manager, two nursing staff members and five care staff, the activities coordinator, a housekeeper and a cook. We looked at care plans and associated records for eight people, staff duty records, staff recruitment and training files, records of accidents and incidents, policies and procedures and quality assurance. We observed care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of the people who could not talk to us.

Requires improvement

Is the service safe?

Our findings

At our last inspection in November 2014, we identified a breach of regulations as people were living in unclean conditions which increased their risk of acquiring infections. We set a compliance action with regards to infection control. The provider sent us an action plan and detailed the action they would take by the end of April 2015. This had not been completed and we identified continuing concerns.

At this inspection we found infection control processes put people's health and welfare at risk. Equipment such as mobile hoist and wheelchairs had not been cleaned. The stand aids had dirty handles and there were brown smears on the back of the leg guards. Wheelchairs that were seen had dried food embedded on the arms and under the cushions, others were stained and dirty. One person's bed had brown smears on the duvet cover, which the deputy manager told us 'look like faeces'. There was a dried urine stain to the bottom sheet. The brown smearing to the leg guards was pointed out to the deputy manager on the first day of inspection; the staining was still present on the leg guard on the third day of inspection. This was shown to the manager who immediately saw that it was cleaned. A foot stool was stained and there was a tear on it so it was not able to be cleaned properly.

Staff were failing to follow safe infection control practices. A laundry bag containing soiled items of clothing had been left on the floor of a communal bathroom. There was a used disposable razor also on the bathroom floor. In two of the communal toilets there were empty urine bottles which were dirty and contained mould. The air vent on one of the bathrooms was covered in black dust and dirt; there was dust on top of the picture frames in the corridors, showing that these areas hadn't been cleaned effectively. The clinical waste area was enclosed, but the waste bins were overflowing and the area was unlocked. There were used personal protective equipment (PPE) gloves discarded on the ground around the bins. As these areas were accessible to people and visitors, this could put them at risk of infection.

Providers are required to take account of the Department of Health's publication, 'Code of Practice on the prevention and control of infections'. This provides guidance about measures that need to be taken to reduce the risk of infection. We found these measures had not been taken in relation to the environment and staff practices. The provider's policy on infection control was out of date and did not follow best practice guidance. Consequently the provider could not demonstrate that the risks of people developing an infection had been identified and were being managed effectively.

The failure to maintain a clean environment and equipment, or to follow infection control guidance, was a breach of Regulation 12 of the Health and Social Care Act 2008.

The infection control lead role was being covered by the deputy manager and senior housekeeper. The senior housekeeper informed us that all the housekeeping staff had received training in infection control. Cleaning schedules showed adequate staff on duty and there was a rota system for specific areas to be cleaned. Daily cleaning schedules were signed off by the senior housekeeper and manager based on spot checks of both communal areas and bedrooms. There was an arrangement in place to deep clean people's rooms regularly.

Not all risks were managed safely. We found doors to secure areas such as the sluice and treatment room as well as the lift service area unlocked. We also found that work tools had been left unsupervised on the floor in one of the bedrooms. One person at the service was living with dementia and was known to wander. They would have been at risk of harm if they had accessed these areas. These concerns were pointed out to the deputy manager and addressed immediately. All care plans contained risk assessments which were relevant to that person such as risk from choking, or from moving and handling. Action was taken to remove or reduce the level of risk and these were regularly reviewed. When necessary the service put in short term comprehensive assessments of known risk factors and any additional measures which were needed. Accidents and incidents were reviewed and action plans developed to prevent reoccurrence. For example, a number of people had fallen at night. Equipment to reduce the risk of falls was identified in these people's care plans. This included the use of pressure mats. This information was shared during handover, but also discussed at team meetings. There were plans in place to respond to foreseeable emergencies such as fire. Equipment was provided and maintained appropriately by regular servicing. Safety checks were carried out on lifting equipment such as hoists.

Requires improvement

Is the service safe?

People and their relatives felt safe. One person said "It's a good place; I couldn't cope at home so I came here. It's safe and I'm well fed". A relative said that they felt their loved one "was safe". There were safeguarding procedures in place and staff felt able to report any concerns to the manager, or to external agencies if necessary. Staff were able to describe different types of abuse and how this might present with the people they supported. Training in safeguarding had been provided. The information received by us prior to the inspection in the form of notifications, demonstrated that the provider responded appropriately to allegations of abuse.

The laundry room was well equipped with sufficient appliances, and there was a process in place to separate the soiled laundry from the clean laundry to reduce the risk of cross contamination. Laundry staff were suitably trained and followed safe working practices.

At the last inspection people did not receive their medicines safely or in a timely manner. Medicines were not stored safely on the middle floor of the home. We found people were now receiving their medicines safely, when they needed them and in a timely manner. We saw medicines were given to each person directly from the medicines trolley and people provided with appropriate drinks to aid them to be taken. Staff wore red tabards so people knew not to interrupt them when dispensing the medicines. The Medication Administration Records (MAR) had been completed correctly. Medicines that were subject to additional controls were being stored more securely were kept appropriately and their quantities recorded accurately. Regular audits were completed by the registered manager or clinical lead. Creams were stored appropriately and records kept of when they were opened and when their shelf-life would expire.

At the previous inspection we found there were not enough staff on duty, and there were not registered nurses on every floor. This resulted in delays in medicines being given. We found that staffing levels were sufficient to meet the needs of the people and there was now a registered nurse on each floor. Action had been taken to ensure that there was a registered nurse on duty on each floor of the service. This prevented a delay in the dispensing of the medicines. Staffing levels were assessed on the level of need. People's needs were responded to in a timely manner. Staff said they felt there were enough staff.

There was a robust recruitment process in place. All necessary checks had been completed. Disclosure and baring service (DBS) checks had been carried out prior to the staff member starting with the service. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff member's employment histories had been checked and any gaps had been explained.

Requires improvement

Is the service effective?

Our findings

At our last inspection in November 2014, we found the service was in breach of regulations. Staff were not supported and training records were not up to date. The provider sent us an action plan which stated they were addressing the concerns and would be compliant by the end of April 2015.

At this inspection we found staff were not receiving regular supervisions. Supervisions are support meetings where staff can discuss their work with supervisors and identify any training needs. One staff member said, "I have had one supervision in the four years I have been here." Another said, "they had not had any supervision". Since the new manager had started in May, supervisions were being planned and some staff had started to receive them. The manager told us that staff are supposed to have six supervisions a year and they were currently being planned in. Supervision records showed that most of the nurses had not received supervision since September 2014 and most of the carers had not received supervisions for over a year. Staff told us they felt supported by the new manager, and felt they could approach him with any of their concerns.

Our last inspection found staff were out of date with regards to their training in a number of areas including safeguarding. The registered manager at the time had confirmed all staff should have yearly updates and that this had not been occurring. The service had sent an action plan which said that training dates were to be planned and set by the end of March 2015. This had not happened. Records showed that 20 members of staff had not completed their safeguarding training and 22 hadn't completed training in dementia. All staff were up to date with the rest of the required training. There was a training plan in place for all staff and new staff completed an induction prior to commencing work. As well as the induction, new staff were expected to complete the care certificate. The care certificate is a newly introduced training, which is awarded to staff new to care work who complete a learning programme designed to enable them to provide safe care.

The failure to support staff and ensure that training updates were completed, which may impact on the care people receive. This was a breach of Regulation 18 of the Health and Social Care Act 2008.

We discussed this with the manager who was already taking action to ensure all staff received the necessary training and supervision. Staff felt supported by the new manager and were knowledgeable about the people they were providing care and support for.

Staff sought consent from people before providing care and support, and knew what to do if people declined to receive support. A staff member said "It's [the persons] choice, we will always leave them and then try again later". Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make a decision, at a certain time. DoLS provides a process by which a provider must seek authorisation to restrict a person's freedom for the purpose of care and treatment.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of the people using the services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect people from harm. Staff supported people to make decisions and involved those close to them, such as family members (whenever possible). Care plans contained best interest decisions that had been made for some of the people. There were restrictive practices within the home and the appropriate applications for DoLS had been sent to the Local Authority to support this.

People and their relatives spoke positively about the food. Relatives were able to have their lunch with their loved ones, either in the dining room or in the person's room depending on the person's choice. People were having their food and fluid intake monitored using charts. All the charts checked had been fully completed and staff were able to identify people who were at risk of malnutrition and provide extra support. People received appropriate support to eat and drink. Contrasting table cloths and placements were used to help people living with dementia to identify the plate and food in front of them. People were offered varied and nutritious meals, which were prepared daily. There was always an alternative option if people did not want the menu of the day and pictorial menus were used to support people with their choice.

People who were no longer able to use cutlery, were given 'finger food' to maintain their ability to eat independently.

Requires improvement

Is the service effective?

Equipment, such as plate guards, was used to further support people to maintain their independence. Meals were pureed and fortified when required and we saw thickening agent being added to people's drinks to ensure they received their drinks at the right consistency when needed. Staff made conversation with the people throughout the meal, making it a sociable occasion and understood their needs. For example, when two people who being supported to eat stopped eating part way through their meals, the two care staff who were supporting them swapped places, greeted the person and then tried again. This approached appeared to work as the people finished all their food.

At the time of the inspection, there was on-going work within the service to change the décor in order to meet the needs of the people who lived there. The service had changed all the doors and colour scheme on the ground floor and was following advice from an external expert of people living with dementia, about appropriate signage and colour schemes. Carpets had been changed and areas could be identified by the change in colour.

People were referred to healthcare professionals when required. Care records demonstrated the service had worked effectively with other health care providers to help ensure people's care needs were met. Referrals were made to appropriate health professionals including, GP, dentist, podiatrist and speech and language therapists.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring, treated them with kindness and respected their privacy. One person said "I'm alright; they are kind to you here". A relative said "They all do a good job, they're all kind to [the person] and to me. They are hospitable too; they make me tea when I want it". Relatives told us that they were kept informed about their family member's health and when any changes occurred.

Staff were kind and caring and provided personalised care. Staff were seen sitting with people and talking to them as well as going through the papers. The majority of the people were not able to participate in their care due to their mental frailty. Care plans showed that discussions had been held prior to the person moving into the home about what the person was able to do and what they required support with. Staff supported people to remain as independent as possible and make choices for themselves. People's preferences were recorded in their plans.

Care plans contained information about the person's life, hobbies and interests. These had been developed with the involvement of family members and where possible the person themselves. This provided information for the staff in getting to know the people they cared for and the people's likes and dislikes. For example, one person didn't like to eat in the busy dining room; instead they preferred their meal in their own room. Staff would always ask the person whether they wanted to go to the dining room, before bring the meal down to the person's room. Staff knew the people and this reflected in the way they spoke with them. It was clear from the documentation, that people had been consulted but had been unable to answer the questions. Their response was recorded on their file. In these instances records show that relatives were spoken to about the person's previous likes and dislikes as well as the person's abilities.

Staff were aware of people's preferred form of address and respected this when providing support to them. Staff were caring, demonstrated a good understanding of people's needs and provided care in a caring and compassionate way. During one of the meals, two people became distressed and started shouting loudly. Staff immediately went and sat with the people and spoke to them in a calming manner until they had both relaxed and no longer were shouting out.

The service had appropriate policies and procedures in place to ensure people's dignity and privacy was respected. Staff explained how they did this, for example by always making sure doors were closed during personal care. Staff knocked and announced themselves before entering people's rooms. Staff had a good rapport with the people they were caring for. We observed positive interaction between staff and people throughout the inspection.

Good

Is the service responsive?

Our findings

At our last inspection we recommended that the service considered guidance from the Alzheimer's society on enhancing the activities available for people living with dementia. At this inspection, we found that there were appropriate activities provided for people. There were two activity coordinators, who provided daily activities. They also ensured that people's faiths and beliefs were respected and maintained.

One person's relative said "[The person] can still come to the lounge for things. [They] enjoy the sing along and join in too". There was a notice board which displayed the activities on offer. These had been chosen by staff following observations of what the people appeared to enjoy, and feedback from relatives meetings. People could choose whether to go to the main lounge to join in activities, or remain in their rooms and have one to one social input.

The service had gathered information about each person prior to them moving into the service. Using this information, they had developed 'memory boxes' containing items that people in the service had used in the past.

Care plans contained detailed information about people's needs. There were regular reviews and any identified changes in people's needs saw them updated. Prior to people moving into the service, an assessment of the person's needs was completed. This identified what the person needed support with, it also established any preference for male/female care staff. The person was involved with the initial assessment and encouraged to contribute to their care plans as much as possible. The service used other information provided by relatives and other professionals as appropriate. Care plans showed that people had been consulted. The service responded promptly to changes in people's needs and provided information to staff on how to manage these. For example care plans were put in place when people needed wound care or when they developed infections.

Relatives were involved in the initial assessments and care plans were then developed using this information. Care plans contained information about the people's individual needs and the care, treatment and support the needed in order for them to be met. When people were unable to contribute to the planning of their care and support, staff consulted with the person's relatives to find out more about the person and their preferences.

People who required transferring in wheelchairs were moved to appropriate seating rather than being left sitting in the wheelchairs. Staff used mobile hoists to carry out the transfers safely. The staff informed the person what they would be doing and provided reassurance throughout the transfer. One person who had been transferred into a chair then began to shout out. A carer immediately went to that person and offered support. It was established that this person felt cold and a staff member gave the person a blanket and made them a cup of tea.

There was a complaints policy in place and arrangements for responding to them. A complaints log was maintained for recording complaints, which included details of investigations and feedback. One relative said "If there are any issues, I speak up and they get dealt with". Information on how to complain or raise concerns was on display with the home. Relatives meetings were held monthly and provided the opportunity to raise any issues and discuss any changes to the service.

Requires improvement

Is the service well-led?

Our findings

At our last inspection in November 2014, we found the service was in breach of regulations as audits were not effective. The provider sent us an action plan which said they would be compliant by the end of March 2015.

At this inspection we found the provider was now carrying out regular audits which included health and safety, recruitment and medicines. The manager was also carrying out spot checks. Although there was an audit system, this was not always robust enough to identify issues such as cleanliness and infection control. We raised this with the manager who agreed it wasn't acceptable and will be taking action to rectify this.

People described an open culture and told us the manager was approachable. Monthly relative meetings were held. These are so relatives are kept up to date with changes within the service and to provide the opportunity for relatives to provide feedback to the manager. A relative told us, "They (the staff) always ring and tell you if there any problems or changes" another said, "I always raise any issues while I'm here; I'm not great with meetings though I know they have them". People's families said they could contact the nurses or care staff about their loved ones if they needed to, and they were able to go to the manager's office as the door was always open, if they had any concerns or wanted to discuss and changes about their relative. The provider also sends out annual customer satisfaction surveys to gather feedback about the service.

Staff said there was a positive open culture since the current manager had come into post. Staff said they now felt able to go to the manager or deputy manager about anything and changes would happen. Regular staff meetings were being held, along with the '10 at 10' meeting. The 10 at 10 is a daily meeting at which information was shared with senior staff from all three floors. This meant that everyone was aware of what was happening through the service. A staff member said, "[The manager's] door is always open" another said, "I can go to [the manager] anytime and things will get done".

The manager at the service had come from another Bupa home, and was in the process of being registered as the manager of Wilton Manor Nursing Centre. The manager was aware of areas where improvements were needed and was in the process of implementing these. Staff reported that there had been an improvement of staff moral since the current manager had come into post. A recent recruitment drive had improved moral as the service no longer had issues with staffing levels. Staff said that they no longer felt as rushed or under pressure as there were enough staff on shift to meet the needs of the people.

There was a clear management structure in place. The manager told us they were supported from the head office as well as by the area manager and quality manager. There were positive, open interactions between the registered manager, staff, people and relatives. There was a whistleblowing policy in place which staff were aware of. Whistleblowing is where a member of staff can report any concerns to a senior, manager or directly to an external organisation.

The provider and the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. Notifications have been received by CQC when incidents have occurred. Staff have reported issues to the manager who in turn has notified the appropriate agencies. Information showed that they have responded to incidents in appropriate ways and involved other professionals as necessary. Accidents and incidents were recorded and formed part of the provider's internal audits. These were reviewed by the quality manager and actions plans developed and monitored.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 18 HSCA (RA) Regulations 2014 Staffing **Staff had not received appropriate support and training to enable them to carry out the duties they are employed to perform.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The provider failed to maintain a clean environment and equipment prevention or to follow infection control guidance.

The enforcement action we took:
We have issued a warning notice.