Bupa Care Homes (BNH) Limited

Queensmount Care Home

Inspection report

18 Queens Park West Drive
Bournemouth
Dorset
BH8 9DA

Date of inspection visit:
26 July 2016
27 July 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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 was an unannounced inspection that took place on 26 and 27 July 2016. The aim of the inspection was to carry out a comprehensive review of the service. At our last inspection in June 2014 we found that the provider had not met one of the regulations that we reviewed.

Queensmount is a purpose built care home and is registered to accommodate a maximum of 52 people who require either nursing or personal care. There were 43 people living there at the time of our inspection.

The home was led by 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.

All of the people living at the home and visitors told us that they felt safe and well cared for. We received only positive comments about Queensmount throughout our inspection. Staff in the home were also positive about the home and the service they provided. They told us they felt well supported by the management team that was in place.

People received their prescribed medicine when they needed it. However we found that the service did not always follow national guidelines and the provider's own policies and we have made a recommendation about this.

People received care and support that was person-centred and respectful. They were kept safe and protected from risks wherever possible. People's needs were assessed and plans were in place to ensure that their needs were met. People's choices and decisions were respected and staff enabled people to retain their independence.

There were appropriate numbers of staff on duty to meet people's needs.

Staff received regular training and supervision and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience to help people with their care and support needs. However, one person lived with a specific health condition which meant that they could sometimes require specialised care from the nursing staff. All of the staff had completed training in this area but had not completed update training. This had been raised with the registered manager by a specialist nurse in April 2016. This meant that, although the person was receiving the care they required, it was not being provided in the most up to date way and was not in accordance with NICE guidelines. Following the inspection, the registered manager confirmed that they had booked training for all nursing staff. We recommend that the provider ensures that all staff receive training that is in accordance with national guidelines.

Observations and feedback from staff, relatives and professionals showed us that the home had an open and positive culture.

There were systems in place to monitor the safety and quality of the service. This included the use of audits and surveying the people who used the service and their representatives.

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?

Good

The service was safe.

People were protected against the risks associated with the unsafe management and use of medicines.

People were protected from avoidable harm and abuse. Staff were trained to prevent, recognise and report abuse.
Risks were identified and managed.

Staff were recruited safely because full pre-employment checks were carried out and references were obtained.

Is the service effective?

Good

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet people's needs effectively. Some training was not up to date and in accordance with current national guidelines. Supervision processes were in place to monitor performance and provide support and additional training if required.

People's consent was sought and where people lacked capacity to make decisions, staff followed the principles of the Mental Capacity Act 2005.

People were supported to have access to healthcare as necessary.

Is the service caring?

Good

The service was caring.

People had good relationships with staff and there was a happy, relaxed atmosphere.

Staff respected people's choices and supported them to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. Staff had a good knowledge of people's needs.

There was a programme of activities to keep people meaningfully occupied and stimulated.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was a clear management structure in place. People and staff told us that the registered manager and management team were approachable and supportive and people felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided.

Queensmount 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 checked 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 was unannounced and took place on 26 and 27 July 2016. One inspector undertook the inspection on both days and a specialist nurse advisor was part of the inspection team on the first day.

Before the inspection the provider completed 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. We reviewed the PIR and other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views of the service as well as health professionals used by people from the home. These included GP's, social workers and other health professionals such as Occupational and Physio therapists and community mental health support staff.

We spoke with and met 10 people who were living in the home. We also spoke with two relatives, the registered manager and 14 staff which included nurses, carers, senior staff, housekeeping, laundry and catering staff. We looked at four people's care and medicine records and a further three people's medicines records. We saw records about how the service was managed. This included four staff recruitment, supervision and training records, staff rotas, audits and quality assurance records. We also reviewed a range of the provider's policies, procedures and records that related to the management of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and well cared for. When we asked one person if they felt safe and respected they replied, "The staff here are so good. I feel I can ask for anything and they will help me". Visitors told us that they believed that Queensmount was a safe place for their relative or friend to live.

There were systems in place for the management and administration of medicines but we found that these had not always been followed. One medicine was being crushed before administration because the person it was prescribed for had swallowing difficulties. This was being done on instruction from a GP but staff had not followed the provider's own policy or good practice guidelines and had not checked with a pharmacist that it was safe to crush this particular medicine. A letter from a specialist nurse identified in April 2016 that the dosage of a medicine should be increased. We found that the MAR for the month of July still showed the original dose and that it had not been increased. The registered manager contacted the GP and Pharmacist regarding these shortfalls during the inspection.

All of the people whose care records we examined had skin conditions and had been prescribed creams to treat this. These had been recorded on the Medicines Administration Record (MAR) and on a topical medicines administration record (TMAR) which was kept in people's rooms. TMAR's showed clearly where and when items should be applied but care staff were not completing the record when these were applied. We discussed this with the registered manager who took immediate action to ensure that staff recorded the administration of prescribed creams.

Regular audits of the receipt, administration and recording of medicines were undertaken and there were records showing that if any issues were identified, these were investigated and resolved. However, the change from the specified procedure for recording topical medicines, the crushing of medicine without pharmacist confirmation and the conflicting dosage of one medicine had not been identified.

We recommend that medicines administration and management systems are reviewed to ensure that national guidance and the provider's policies are complied with.

We checked the storage and stock of medicines and discussed medicines management with staff. Records showed that medicines were recorded on receipt, when they were administered (other than topical applications discussed above), and when any were returned to the pharmacy or destroyed.

Staff confirmed that they had received regular training and competency assessments. A recent change in the home meant that some senior care staff had also received training to enable them to support nursing staff. Staff told us they felt confident when administering medicines. We observed a member of staff giving medicines to people over the lunch period. They spent time with people, explained what their medicines were for and stayed to check that people had managed to take them safely.

Medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. There was clear information about medicines that were prescribed as "when

required" (PRN) which was contained in a care plan. Medicines administration records (other than topical applications discussed above), were complete and contained the required information where doses were not given.

There were satisfactory systems in place to assess and manage risks to people so that people were protected and their wishes were respected. Risk assessments that we reviewed included actions that had been taken to reduce or manage the identified risk. For example, records showed that people at risk of malnutrition were closely monitored and health professionals were consulted if a risk was identified and the use of special equipment such as hoists and bed rails was also fully reviewed and planned. This meant that people were cared for safely.

Environmental risks were managed safely. There were risk assessments for different areas of the home and different activities as well as the heating, hot water, electricity and gas supplies. These were regularly reviewed and updated. Comprehensive maintenance and servicing records were kept for all of the equipment and fire prevention systems.

Arrangements were in place to keep people safe in an emergency. Staff were aware of these and knew how to access the information. Each person had a personalised plan to evacuate them from the home and these were regularly reviewed and updated.

There were satisfactory systems in place to safeguard people from abuse. Staff demonstrated a good understanding of safeguarding people: they could identify the types of abuse as well as any possible signs of abuse and knew how to report any concerns they may have. Records showed that the provider had notified the local authority and CQC of any safeguarding concerns or incidents and the registered manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences. Posters with information about safeguarding adults were available in the nursing stations on each floor to assist and prompt staff should they have any concerns. All staff confirmed that they would have no hesitation in reporting concerns to either the registered manager or head of care.

There were enough staff employed to meet people's needs. The registered manager explained that there was a staffing tool used by the home that looked at the number of people living in the home together with their level of need. This information then produced a guideline for the number of nurse and care worker hours that was required to meet people's needs. The registered manager confirmed that this system did provide enough hours and that they could increase the hours if necessary. During the course of the inspection we saw that, whenever people needed assistance, staff were able to respond quickly and that there were always staff available when people were in the communal areas of the home. Staff also confirmed that, although they would always like more staff, there were enough people on each shift to meet people's needs.

There were satisfactory systems in place to ensure that people were supported by staff with the appropriate experience and character. Recruitment records showed that the service had obtained proof of identity including a recent photograph, a satisfactory check from the Disclosure and Barring Service (previously known as a Criminal Records Bureau check) and evidence of suitable conduct in previous employment or of good character.

Good

Is the service effective?

Our findings

People told us that they felt supported to live their lives as they wished. Relatives told us they thought people were looked after well and they had confidence in the staff. One member of staff told us, "I love working here and I really like all the residents. This is a wonderful place to work with a great team. I love coming to work, we are like a big family now. It was not always this good but now it is". Many of the staff told us that the registered manager's door was, "Always open", they were also proud to tell us that the staff team was very stable with many people having worked in the home for a number of years.

We saw that staff had developed a rapport with people and all of the interactions that we observed were positive. Staff were consistently polite, kind and caring.

Staff had the skills and knowledge to provide effective care. Training records showed that staff had received initial training and refresher training in essential areas such as safeguarding adults, consent and mental capacity, infection prevention and control, moving and handling and fire prevention. The registered manager said that the provider had introduced a training course to ensure that all staff achieved the new Care Certificate. This is a national, standardised qualification for all care staff created by Skills for Care who set the standards people working in adult social care need to meet before they can safely work unsupervised.

One person lived with a specific health condition which meant that they could sometimes require specialised care from the nursing staff. All of the staff had completed training in this area but had not completed update training. This had been raised with the registered manager by a specialist nurse in April 2016. This meant that, although the person was receiving the care they required, it was not being provided in the most up to date way and was not in accordance with NICE guidelines. Following the inspection, the registered manager confirmed that they had booked training for all nursing staff.

We recommend that the provider ensures that all staff receive training that is in accordance with national guidelines.

Staff were provided with support and supervision. Staff said they felt able to ask for advice and support from the registered manager and nurses. Records showed that supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified with their performance. The registered manager had a plan in place to ensure that all staff continued to receive regular supervision and, where applicable, an annual appraisal.

The Mental Capacity Act 2005 (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 where needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The management team had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the relevant supervisory body. Applications under DoLS had either been authorised or were awaiting assessment by the supervisory body. There was a system in place to monitor when authorisations expired and assess whether they should be reviewed.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People gave consent to their care and support, where they were able to do so. Where people could not give consent to particular aspects of their care, mental capacity assessments and best interests decisions had been recorded by staff.

At the last inspection we found that the provider did not have suitable arrangements in place to obtain people's consent and act in accordance with their wishes. At this inspection, staff demonstrated an understanding that many of the people living at the home had been deprived of their liberty under DoLS. Staff understood the need to offer choices and seek consent prior to providing any care or support.

People's nutritional needs were assessed, planned for and monitored. People were weighed regularly and a risk assessment was carried out to check whether they were at risk of malnutrition. Where people were found to be at risk, records of their food intake were kept, additional high calorie drinks and snacks were provided and referrals were made to dieticians and speech and language therapists.

People told us that they enjoyed the food and that there were always alternatives available if they did not like the choices on the menu. The chef had a good understanding of people's dietary requirements as well as their individual likes and dislikes. They showed us the support the provider gave to catering staff in the form of training and manuals for special diets, ensuring healthy balanced diet and presentation of meals to encourage people to eat.

Staff supported people with their meals and did this in a way that ensured people's dignity was protected and the experience was unhurried and as pleasant as possible. We saw staff supporting people to eat in a gentle and proficient manner. Meals were attractively presented and, where people chose to eat in their rooms, they were delivered to them from a heated trolley on a tray with the food covered.

Staff confirmed that people had access to healthcare professionals such as GP's, district nurses, occupational and physio therapists and community mental health nurses, opticians, and podiatrists. Records showed that professionals were called regularly and any instructions were noted and included in care plans. During the inspection we asked health professionals who had involvement with Queensmount for their views of the service. All of their responses were positive and highlighted that the staff asked for support appropriately and carried out instructions properly.

Good

Is the service caring?

Our findings

People told us that they were happy living at Queensmount and found the staff to be kind and caring. Interactions between people and staff were good; staff offered choice, prompted discussions and started conversations with people. A member of staff told us, "This is the resident's home. We treat this as their home because it is, so we ask their permission to go into their rooms". Another member of staff told us, "We work really had to keep people happy and safe".

The reception area of the home was the main hub of the building. There was a seating area by the front door and an open plan lounge lead off from the area. Whenever staff passed through we noted that they would engage with people, share a joke or start a conversation.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. During this inspection we spoke with staff from the catering, housekeeping and maintenance departments of the home. They told us that the registered manager had encouraged them to feel part of the team that cares for people living in the home and that they enjoyed this aspect of their role. It was clear that they knew many of the people living in the home and had developed positive relationships with them.

Staff were attentive to people's needs; they were quick to offer assistance or provide discreet support when it was needed. People's records included information about their personal circumstances, how they wished to be supported and how to encourage people to maintain and improve independence where possible.

Staff respected people's choices and supported people to maintain their privacy and dignity. We heard staff offering people choices throughout the inspection. This included choices of which area of the home they would like to sit in, when to get up, meals or activities. Staff told us that they knocked on people's bedroom doors before entering, ensured doors, and curtains if necessary, were closed when people were receiving personal care and used screens in public areas if necessary.

People, and where appropriate their relatives, were involved in care planning and reviews. Relatives told us they were kept informed about their loved one's care and any changes in their health or other needs.

Good

Is the service responsive?

Our findings

People told us that the staff were kind and helped them when they requested assistance. Visitors told us that they felt the staff listened to them and kept them up to date with any changes in their relative's health or care needs

People's needs had been assessed before they were admitted to the home and reviewed regularly. Assessments of people's needs were used to develop care plans, which were kept under review and were up to date. Care plans included information about people's personal history and individual preferences such as their preferred name, preference for a bath or shower and whether they preferred male or female only carers.

Systems were in place to ensure that people who had needs such as the prevention and management of pressure sores, malnutrition or dehydration received the care they required. Records showed that staff were monitoring and recording food and fluid intake and ensuring people were regularly repositioned and equipment was operating effectively. Where staff identified further concerns, records clearly showed the actions they had taken such as contacting a GP, dietician, speech and language therapist or tissue viability specialist nurse.

Discussions with staff showed that they had a good knowledge and understanding of people and their needs and could quickly recognise when someone was showing signs of being unwell or in pain. One member of staff told us how they had noticed a person may be showing signs of an illness that they regularly suffered from. The staff member alerted the nurse and they were able to ensure the person was safe and comfortable.

Care plans mostly reflected people's individual needs and explained the care they needed. Staff were familiar with people's care plans and we saw that they followed these. For example, professionals had recently advised that a person should be helped to reposition themselves in bed more frequently. Care plans had been updated and staff were aware of the changes. We saw two care plans for people who had very specific conditions that were not commonly experienced by staff in the home. Both care plans lacked detail and information for staff in the progression of the conditions and the support people were likely to require. The registered manager agreed that this was an omission and addressed this between the first and second days of the inspection. This was an area for improvement.

The registered manager told us that the home should employ two full time activities coordinators whose role was to ensure that everyone in the home received the opportunity to take part in meaningful activities and social events. One of them had recently left their employment and the other was retiring during the week of the inspection. The registered manager confirmed that they were actively trying to recruit suitable people to both roles and had ensured that other staff were available to fill the roles until staff could be appointed. They also said that they recognised that further improvements in the provision of meaningful activities could be made. They had recently applied for a grant from the local council to purchase appropriate equipment and were looking at other resources that were available, especially for those people

who were less able or who chose to remain in their rooms. Records showed that people had been involved in a number of different activities including daily completion of crosswords and card games, prize bingo and other games as well as visiting entertainers coming to the home.

People and visitors told us they felt able to raise any concerns about the service and were confident that they would be listened to. Information about how to complain was available in the welcome pack given to people when they moved to the home and on notice boards around the building. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure in place to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint. Notes in one person's daily records showed that one person had complained to nurses twice within a five day period about staffing levels. This had not been referred to the manager and was an area for improvement.

Good

Is the service well-led?

Our findings

All of the people, relatives and staff we spoke with during the inspection spoke positively about the registered manager and the way the home was managed. People and relatives told us that the registered manager was always available to them if they had queries or concerns and that other staff in the home were also very helpful. They added that they knew that they would be listened to and that action would be taken when they raised any issues.

The service had a positive, open, person-centred culture. Staff said they felt able to raise any concerns with the management team and were confident that they would be addressed. They were also aware of how to raise concerns and whistleblow with external agencies such as Care Quality Commission. They told us they had regular reminders about safeguarding and whistleblowing during meetings and in supervision sessions and training.

Quality assurance systems, developed by the provider, had been fully implemented within the service. This meant that there were satisfactory arrangements in place to monitor the quality and safety of the service provided. Audits were undertaken by staff and management within the service and also by clinical and governance staff from head office. There were weekly, monthly, quarterly and annual audits of various areas including medicines, accidents and incidents, infection prevention and control, cleaning, the environment and health and safety. Where issues were identified a plan had been put in place to prevent any reoccurrences and the effectiveness of these actions had been checked.

People's experience of care was monitored through annual surveys. These were sent to people living in the home and to relatives and friends that visited as well as health professionals and social workers. Surveys were analysed and a report created from the results which included any areas for improvement.

The registered manager made sure that the staff member responsible for customer liaison also canvassed ten per cent of the people living in the home each month for their views and they spent time checking if there were any "little extras" that could be provided or small details that were important but that had been overlooked. Regular meetings were held for residents and relatives. Minutes showed that topics discussed included activities, meals and laundry services. The registered manager kept a notice board updated with information about the issues people raised and the action that had been taken. Most recently, during a spell of hot weather, people had complained that some windows did not open. The registered manager had arranged to have all windows surveyed and any necessary repairs carried out.

The registered manager told us they kept up to date with current guidance, good practice and legislation by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via e mail by The Care Quality Commission and other independent supporting bodies. They were also undertaking a management of health and social care qualification.