Barchester Healthcare Homes Limited

Derham House

Inspection report

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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

The inspection was unannounced and took place on 29 November 2016. The provider was meeting legal requirements at the last inspection held on 11 and 12 December 2014.

Derham House is registered to provide accommodation for 64 people who require nursing or personal care. The services in divided into two units. Bridge unit provides nursing care whist Foxhall unit also known as "Memory Lane " provides dementia care. On the day of our visit there were 57 people living at the service two of whom were currently admitted in hospital.

At the time of inspection the manager had been in post for three months and was in the process of registering to be the registered manager. A few days after the inspection the registration had been successful. 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.

People told us they felt safe living at Derham House and that they were treated with dignity and respect. We observed staff being polite and noted they were knowledgeable about people's likes and dislikes.

Risks to people and the environment were assessed regularly with clear steps to mitigate the risks identified in order to protect people from avoidable harm. Staff had attended safeguarding training and were aware of the procedure to follow in the event of witnessed or alleged abuse.

Care plans reflected people's current needs and were reviewed as and when their condition changed. We made recommendations about record keeping as some records such as pressure mattress settings, topical medicines administration records and do not attempt resuscitation records were not always completed fully.

Medicines were managed safely by staff who were regularly checked to ensure they were still competent.

People were supported to maintain a balanced diet and were offered meals that suited their individual preferences.

Staff were supported by regular training, meetings, appraisals and supervision. They underwent comprehensive recruitment checks before they started work and had a probation period before they became permanent staff.

Staff were aware off their roles and responsibilities in relation to the mental capacity act and could demonstrate how they would act in people's best interests.

People told us they were able to complain should the need arose and that they felt their issues were listened to and resolved by staff.

The premises were kept clean and were in the process of refurbishment.

There were effective systems in place to ensure that the quality of care delivered was monitored and improved.

The values and the vision of the home were known by staff and aimed to ensure person centred care was delivered.

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 told us that they felt safe and trusted the staff who looked after them. There were procedures in place including regular risk assessments to ensure that people were protected from harm and abuse.

People told us there were enough staff to meet their needs.

There were procedures in place to ensure that medicines were ordered, administered, stored and handled safely.

Recruitment procedures were robust and ensured only suitable staff were employed.

Is the service effective?

Good

The service was effective. People were supported by staff who received appropriate support and training. Staff had attended relevant training and there was supervision and appraisal schedule in place to ensure staff kept up to date and reflected on current practice.

People were supported to eat a balanced diet and were offered a variety of food that met their preferences.

Staff were aware of the Mental Capacity Act 2005 and how to apply it within their role.

Appropriate referrals were made to other healthcare professionals in order to meet and manage people's health needs.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were polite, attentive and compassionate.

We observed that call bells were responded to in a timely manner. Staff were respectful and engaged with people throughout the inspection explaining clearly to people before completing moving and handling procedures.

People were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive. People told us that they were happy with the care planning process and the activities provided.

Care plans were up to date and demonstrated involvement of people and their relatives. They included people's day and night routines and individual preferences.

People were able to make complaints and were confident that their concerns were addressed.

Is the service well-led?

Good

The service was well-led, with good leadership from the manager and the unit leads on the two units. People, their relatives and staff thought there was an open and honest culture.

There were effective quality assurance systems in place to enable managers to account for actions, behaviours and the performance of staff.

People and their relatives told us that they could speak to the manager about any concerns they may have. People and staff were actively involved in developing the service by means of regular residents' meetings and staff meetings.

Derham House

Detailed findings

Background to this inspection

This inspection took place on 29 November 2016 and was unannounced.

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.

The inspection team consisted of an Inspector 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.

Prior to the inspection we gathered and reviewed information held by the local authority and the local Healthwatch. The provider had also completed a Provider Information Return (PIR). The PIR 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 looked at the PIR during our planning of the inspection and also discussed it with the provider during the inspection. We also reviewed the services website and information we had received from the service relating to deaths and safeguarding notifications.

During the inspection we spoke with12 people using the service and six relatives. We interviewed 10 staff including the manager, care staff, the chef, the activities coordinator, a hostess and a domestic staff. We also spoke with a dementia care specialist and the area manager. We conducted a Short Observational Framework for Inspection (SOFI) for 40 minutes. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed four care plans, eight fluid charts, eight turn charts, 12 medicine administration record charts, and nine staff files.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Derham House. One person said, "There is always someone around, I have a bell which I have used and staff come quickly." Another person said, "Yes, I feel safe." A third person said, "Yes, I feel safe, they all look after us. They do a very good job." A fourth person said, "I have no complaints whatsoever about anybody or anything, I would tell them if something was wrong and they fall over backwards to see we get the right treatment here." A relative told us, "It is safe here, the staff check the bed rails and (my relative's) positioning and they check regularly throughout the night, I have no concerns at all about safety."

People and staff were protected from bullying, harassment and harm. There was an open culture that promoted reporting of incidents and concerns. Staff had received training that included infection control, safeguarding adults, dementia awareness and manual handling. We spoke with staff who told us about training they had received and demonstrated an understanding of the procedures for alerting senior staff and managers of any harm or abuse. We saw evidence of this training within staff files. We reviewed safeguarding notifications made since our last inspection and found appropriate action had been taken to reduce the risk of the same incidents happening again. Staff knew where to locate the safeguarding policy and showed us the body maps they used to record any bruising, marks or injury to people's body. There was a reporting hotline that staff were aware of and felt comfortable to use. Staff told us how they would talk to the nurse or manager about any concerns they had about work or people living at Derham House.

We saw risk assessments in place to minimise harm to people. These included falls, nutrition, continence, moving and handling and swallowing. Staff were aware of how to complete these assessments and could tell us how they mitigated these risks. For example, for people at risk of developing pressure sores, regular turns were in place and their pressure relieving mattresses were set according to their weights. Regular risk assessments on the environment were completed and effective procedures were in place to ensure premises and equipment were maintained. Hoists and lifts were regularly serviced and gas and electricity safety checks were completed.

Staff were aware of the procedure to follow in the event of a fire or a medical emergency and had attended relevant training. There was fire training on the day of our visit and we saw records that confirmed regular fire drills occurred to ensure staff were familiar with the evacuation procedure should a fire occur.

People told us the premises were always clean and that they were happy with the refurbishment on Bridge Unit. One person told us, "It is clean here, they hoover my room every day and clean my bathroom." A relative told us, "It is very clean here, they always ask to clean my relative's room." Another relative said, "It is so clean here."

On the day of our inspection the home was undergoing refurbishment with plans to make Foxhall Unit dementia friendly. There were systems in place to keep the place clean. We reviewed maintenance records and saw that call bells and hot water were checked regularly to ensure call bells were working and hot water did not go above recommended temperatures in order to reduce the risk of scalding.

There was a robust recruitment process to ensure staff were recruited safely. There were two references, proof of identity and disclosure and barring checks (DBS) to ensure staff were suitable to work in a social care environment in each file we reviewed. Staff told us they had undergone an application and interview process. Staff files confirmed this and showed they had completed induction training and had relevant care qualifications. In addition the administrator showed us the systems in place to check on staff visa expiry dates, nursing registration number expiry and DBS renewal dates. This ensured that only staff with up to date recruitment requirements were able to work.

The manager told us how they followed their disciplinary procedure in order to identify and stop staff from delivering unsafe care. We saw evidence of this process documented in the staff files we reviewed where the policy had been used to follow up on breaches to the home's social media use policy.

People and staff thought there were enough staff to support people on both the day and night shifts, although two people thought staff were less available at night. People told us staff responded quickly when they used their buzzers to call for assistance. One person said, "They leave the buzzer close to hand and when I want something I buzz and they come to see me." Another person told us, "I have a bell and when I have used it staff come quickly." Staffing levels were reviewed regularly depending on the dependency of the people. We reviewed the rotas from October and November 2016 and found that staffing was in line with what people and staff told us. Sickness and absence was covered by staff and a pool of regular staff. There was minimum use of agency in order to ensure that people were cared for by consistent staff who knew their needs.

People told us and we observed staff administering medicines in a safe way. One person told us, "They give me tablets every day and tell me what they are for." Another person said, "I have morphine in the morning and evening and can ask for more if I need it." The medicine trolley was kept locked and secure in a separate locked room when not in use. We were told medicine competencies for 2016 were still in progress to ensure staff adhered to safe administration guidelines. We checked and found no discrepancies within the Medicine Administration Records (MARs) with the exception of some topical medicine administration records which although administered were not always completed by care staff. We spoke with the manager and the unit lead who were aware of the problem, which had also been picked up during the recent medicine audit, and were in the process of addressing it.

We found protocols in place for 'as required' medicines and homely remedies. Appropriate risk assessments were in place for people who self-administered their medicines and these were reviewed monthly to ensure people were still competent. Room and fridge temperature checks were completed to ensure medicines were stored at the recommended temperatures.

Nurses were able to tell us the procedure to order medicines monthly and to dispose of medicines after they had been discontinued or after a person's death. Medicines including controlled drugs were prescribed, stored, handled, administered, and disposed in an appropriate manner. Where medicines were given covertly, there were clear procedures for giving them, in line with the Mental Capacity Act 2005. These included a mental capacity assessment specifically for medicines and advice sought from the GP and sometimes a pharmacist.

Good

Is the service effective?

Our findings

People and their relatives thought staff knew what they were doing and supported people well. One person said, "The staff are very good, as far as I am concerned they are all good nurses." A relative told us, "The staff have responded to all our anxieties at handing over (our relative's) care to them and they always put (our relative's) comfort and interest first."

Staff attended regular supervision and annual appraisals. We reviewed staff files, including supervision records, which showed us how issues could be brought up with managers and discussed, with both positive and areas for development addressed. Supervision was sometimes completed in groups especially when reflecting on practice issues. Staff we spoke with all told us they felt supported in their roles, and were able to ask for help at any time and were confident that they could raise any issues with either their unit lead or the manager directly.

Training was a mixture of online and face to face training. On the day of our visit there was a dementia care specialist who was starting to implement a specialist dementia care programme on the dementia unit. Staff told us and training records showed that staff attended mandatory training and any other training that was specific to their role. On Foxhall Unit there was a new in-house initiative specifically for staff working with people living with dementia.

Our previous inspection on 12 December 2014 found staff were not always aware of the requirements of the Mental Capacity Act 2005 (MCA) and what this meant for the people they supported. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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). During this visit, we saw that the manager had applied for DoLS authorisations for people and these were awaiting approval. Staff demonstrated a greater understanding of the requirements of the MCA and how this impacted on people's lives. People had access to statutory advocates when they did not have family or loved ones to advocate on their behalf. Where people had deputies or attorneys who were authorised to make decisions on their behalf, this was recorded in people's care plans.

People told us staff asked before they helped them. One person said, "Staff say we are going to wash you now, is that okay?" Another person said, "Staff always ask if it is okay to come and wash me." One relative told me, "Staff always talk to mum, they talk to her all the time and tell her what they are going to do." Consent was always sought before care was delivered. Staff always offered choices to people and gained their consent for personal care. We spoke with staff who had an understanding of capacity and consent and the importance of providing person-centred care.

Staff supported people to make their own decisions about their care wherever possible and provided them with the support they needed to do this. Staff told us how they involved people in decision making, which was also demonstrated within the care plans and through feedback from relatives that we spoke with. All of these demonstrated how people were involved and their consent was sought for treatment and personal care. One care staff told us of different methods used to communicate with people who were unable to speak, but were able to make decisions through pointing, nodding and body language.

People told us that they enjoyed the meals which were specific to their individual preferences. We observed there were drinks and snacks in between meals and people in their rooms had drinks and water within reach. One person told us, "I usually sit in the dining room but they do bring breakfast to you in your room if you need. If you want a cooked breakfast it's there. We have a cooked lunch at 1pm and there is a choice of two meals." Another person said, "If I don't want what is on offer they make me an omelette or jacket potato or soup. I am never hungry." A third person said, "The food is enjoyable and varied." Staff were aware of people on special diets and told us they reported to the nurses if they noticed anyone having any difficulty eating or drinking. Appropriate referrals were made to speech and language therapists and dietitians when required.

People told us they could see a doctor when they wanted and that a GP called regularly to the home. One person told us, "They would get the doctor if I needed." Another person said, "They will get a doctor any time you need." We saw evidence that people were supported to attend their hospital appointments when required. On the day of our visit a person was escorted to the hospital by a staff member when their condition deteriorated. People saw a chiropodist and were reviewed by the optician where required.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. One person said, "Staff ask permission before helping to get up and treat me with dignity." Another person said, "Staff treat me with respect and my privacy is respected." Staff took time to listen to people's requests and spoke with people in a way they could understand. We saw staff got down to people's level when speaking with them. People who were incontinent were assisted with their toileting needs regularly and doors were kept shut during personal care and toileting. We saw staff assisted people with limited mobility to get up and gain their balance before observing them from a close distance whilst they independently walked to communal areas.

People and their relatives told us staff were caring. One person said, "The staff are all very nice, very caring. I am quite happy with them." Another person said, "The staff are cheerful, nice and kind. They treat us with dignity, there is not a lot of privacy in these sorts of places but they look after me well." A third person said, "I find it very good here, they don't keep worrying you but always listen, they make a good job of it here." A fourth person said, "Staff are lovely, very helpful, always happy and never miserable. We have nice people here they are always talking to us." A fifth person said, "The staff are kind, very pleasant I can't find fault with them." A relative commented, "The staff are caring and they treat my relative with respect." Another relative said, "Staff seem very caring, they have taken the trouble to get to know my relative and stop to talk to me about them. I have seen how they are with my [relative]." People were treated with kindness and compassion.

Staff responded to people with care and empathy, supporting them to eat and drink. People were not rushed and were able to move around and ask for anything they needed. Staff responded to people in a polite manner. We saw staff took time to explain to people. For example, one person was being transferred from a wheel chair to arm chair in one of the lounges. Both staff spoke with the person explaining what they were doing. In addition one staff member stayed and reassured the person while the hoist battery was changed.

People told us that staff responded to their needs. One person said, "I can't complain. I am turned every 2 to 3 hours. If I had a problem I would tell them and they would listen." Another person told us, "If I had any concerns I would tell the nurses, they do listen to me. Sometimes I wish they had a bit more time to have a chat." Another person said, "Staff are caring, they listen to me most of the time. They are very busy people, sometimes they sit in the chair and have a chat. I think they are very good. Some times in the past have been left a long time but that hasn't happened recently." One person told me, "I do like living here, the staff look after me very well, they are always kind, I couldn't say I was neglected."

On the day of our visit there were people receiving end of life care. We saw staff responded positively to the relatives by reassuring them and offering lunch. We saw that staff ensured that a member of staff was always on hand to support the families and the person during their last few days of life offering pain relief, change of position for the person and refreshment and a listening ear for the family. Staff told us and we saw that relatives were allowed to visit at any time and relatives could stay over if their loved one's condition deteriorated.

Staff demonstrated that they knew the people they were caring for including their preferences and personal histories. Staff understood people's needs regardless of their gender religion or belief. Staff gave examples of how some people of a particular religion were visited regularly by their spiritual leaders. People's preferences were respected. For example if people preferred to have their personal hygiene support provided by same gender staff this was noted in their care record.

Good

Is the service responsive?

Our findings

The service is responsive to the needs of people using it. We saw that people were treated as individuals, and were able to ask staff for what they wanted and needed. Staff took their time to sit with them and support them as they wanted.

We saw that care plans were comprehensive and detailed the involvement of the person and family members within the plan. One member of staff told us, "We work in their home. Their home is not our work place." Staff told us how they delivered person-centred care and tried to involve people in decision making. This was noted within care plans we reviewed that highlighted different ways of engaging people who were unable to communicate verbally and how to support them to make their own decisions about their care and support.

People told us they were able to make choices. One person said, "If I have visitors coming that day I say at breakfast time, 'Can I be washed early?' and they do." One person said, "I get up and go to bed when I want, staff do listen, when I told them I would like more vegetables they remembered."

People told us and we saw that 'residents' meetings took place regularly in order to seek people's views and update people and their relatives. One person told us, "We have had about three residents' meetings over the past year, most people invited their relatives. One suggestion was for the activities and entertainments programmes to be given to each person, as at the moment it is only displayed on the wall."

People told us there was enough to do during the day. Some people preferred their own company and liked reading in their rooms. One said, "We have two activities ladies and they organise games and quizzes but not at the weekend. There is enough for me to do." Another person said, "They do have things morning and afternoon but I don't go regularly as I read a lot and the local library send me books regularly. My daughter takes me out." A third person told us, "I sit in my room to read my paper and sit in the lounge at other times. There is a board telling you what activities there are and I do attend if I am interested. There is entertainment and trips out." A fourth person told us, "I go out to concerts when friends can take me in their car." One person said, "I do like living here. Nine times out of 10 there is enough to do. Entertainers come sometimes and they are good. If I want to join in I will nobody puts any pressure on me." Activities suited people's needs. The home was introducing a 'Getting to know me' approach to person centred care and the activities co-ordinator had attended a training day about this. They told us how they researched different activities and used resources from the internet to keep people engaged. On the day of our visit we saw one to one activities in place.

Activities varied on the two units to reflect the different needs. However, people were also free to move from unit to the other if they wished. On Bridge Unit they had word games, quizzes and puzzles. On Foxhall Unit they had more interactive activities which included arts, crafts and music. People were involved in garden parties, pimms and wine and coffee mornings. An activities folder was kept for each person where their likes and dislikes were recorded and reviewed each month to see if people had engaged in activities. 'Men's afternoons', where people were encouraged to sit and watch a film together, pamper days where they offer

hand massage, foot spas and manicures were part of the varied activities offered. The activities co-ordinators took people who wanted on walks up the lane to the nearby stables.

Complaints were acknowledged, investigated and responded to. Staff were aware of the complaints procedure. People told us they would tell the staff if they were unhappy with anything and were sure they would listen. One person said, "I would tell one of the nurses if I had a problem." Another person told us, "If I had to make a complaint, I would tell the manager and I believe she would listen. I would tell the manager about any concerns but if it was trivial I would tell one of the carers." A third person said, "I only made one complaint once and they dealt with it immediately." A fourth person commented, "If I thought something was wrong I would ask the manager to look into it." On the day of our visit we saw people and relatives freely walk into the manager's office with any issues and we saw them resolved amicably.

Good

Is the service well-led?

Our findings

The service was well-led. People told us the manager and staff were approachable. People, their relatives and staff thought there was an open culture. One person said, "I can see the manager when I need to. She is always around. I can't remember her name as she is quite new but appears pleasant and approachable." Another person told us, "[The unit manager] seems very interested in us and comes to say hallo." A relative also said of the same unit lead, "[The Unit Lead] is very honest and we would report any concerns to them, they would listen and they are very transparent." We spoke with staff members who all told us they were happy with the new manager and that they hoped they would stay for consistency. One staff member said, "The new manager has made it a lot better. We had so many different managers who only stayed a few months at a time. The new manager has listened to relatives who wanted the home done up and she is getting things done."

The home had had two manager changes since our last inspection and had just recruited a deputy manager to support the manager. The new manager was in the process of completing their registration with The Care Quality Commission on the day of inspection. A week after the inspection the registration had been authorised. Legal obligations, including reporting concerns to the CQC and the local authority were understood and met.

Staff were supported in their work and felt listened to by their head of unit and the manager. They were aware of their roles and responsibilities. They knew about a new initiative currently being rolled out in order to enable staff to effectively support people living with dementia.

Records were stored properly. However, we noted that some care records were not always completed properly. For example, topical cream charts were not always completed fully; one pressure mattress record had the room number instead of the pressure setting recorded. We checked with staff and found the creams had been applied and the pressure mattress was at the correct setting; however the records reviewed did not reflect this. In addition some 'Do Not Attempt Resuscitation' forms had some signatures or a review date missing. We recommend further advice and guidelines on record keeping.

People and staff were actively involved in developing the service by means of regular resident meetings and staff meetings. There were weekly head of unit meetings to ensure any changes were cascaded in a timely manner but these had been temporarily stopped whilst building work was in progress. One staff member said, "The new manager listens to us and the nurses do too." An example was a suggestion that staff kept note of who has received their tea by initialling when the tea trolley was taken round to double check that each person received their tea.

The service had a vision and a set of values that included involvement, compassion, dignity, independence, respect, equality and safety. Staff told us they were made aware of the values when they started to work at the service and were reminded of these during meetings and day to day care. On the day of the visit the regional manager was doing some staff supervision which included checking that staff understood the vision and values of the service.

Staff were aware of how to record and report incidents and told us that the management feedback to staff in a constructive manner. One staff told us, "The new manager has set things the way she would like them to be done, if you have any problem, she will sit with you and come up with a solution." Another staff said, "The atmosphere is good. We know each resident well and staff on the Foxhall unit do have that good relationship needed to diffuse tension when needed."

There were effective systems in place to ensure that quality of care delivered was monitored. These systems included audits and risk assessments and regular checks to ensure that records of care were updated as and when conditions changed and stored securely. Medicines were also audited. Annual customer satisfaction audits were completed. The 2016 satisfaction audit was still being compiled. However, we reviewed the September to October 2015 survey results where 16 people had responded through an external company. The manager had completed an action plan on the three lowest scores which were all 73% or above of the respondents were satisfied with menu variety and people wanting more time to talk with staff.