

# Bupa Care Homes (CFC Homes) Limited

## Gable Court Nursing Home

### 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?	Requires Improvement	
Is the service well-led?	Good	

### Overall summary

This inspection took place on 15 January 2015 and was unannounced.

At our last inspection on 29 April 2014 we found the provider needed to make improvements to meet some of the standards we reviewed which included management of medicines, staffing levels, staff training and supervision and assessing and monitoring the quality of service provision. During this visit we saw that the service had made improvements in those areas.

Gable Court Nursing Home provides personal care, including nursing care for up to 51 people in a purpose

built building located in a residential area. The service is arranged over three floors and there are garden and patio areas. Most people's rooms have an attached private bathroom.

There was a registered manager in place. 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.

Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

# Summary of findings

Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

People who used this service were able to make choices with regard to their daily lives such as what they would like to wear or when to eat or whether they would like to join in any activities.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan.

The service had suitable arrangements in place to protect people against the risks associated with the unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medication.

There were systems in place to monitor how the service was run to ensure people received a quality service. People using the service, their relatives and other professionals involved with the service completed an annual satisfaction survey. Where shortfalls or concerns were raised these were addressed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People using the service told us they felt safe. People were protected from the risk of abuse because staff had appropriate training and guidance had been followed.

Records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them.

Emergency plans were in place to protect people from risks associated with foreseeable adverse events.

We saw robust background checks had been carried out on staff before they started to work at the home to make sure they were suitable to work with vulnerable people. There were sufficient numbers of staff to meet people's needs. People were supported by staff teams to help give continuity of care.

There were systems in place to make sure people received their medications safely.

Good



### Is the service effective?

The service was effective. Care and support was delivered in a safe way by staff who had received appropriate training. Staff received appropriate support to meet the needs of people living at the home.

Care records demonstrated that when there had been changes in people's needs outside agencies had been involved to make sure they received the correct care and support.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to guide and inform the staff. The Deprivation of Liberty Safeguards (DoLS) aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

People were provided with a choice of suitable and nutritious food and drink that they enjoyed.

Good



### Is the service caring?

The service was caring. People were treated with respect and dignity by the staff, and staff were given support and guidance to ensure that they cared for people safely.

People spoke positively about their experience of receiving care at the home.

Staff acted on people's needs and in accordance with their wishes. Where people needed specific support or care, we saw evidence that this was delivered in accordance with people's needs.

People were involved in decisions relating to the care they received.

Good



# Summary of findings

People's privacy and dignity was being respected by staff and where possible staff encouraged people to be as independent as possible.

## Is the service responsive?

The service was not always responsive as we noted gap in the recording of care. We saw care plans had not been reviewed monthly as outlined in the services record keeping policy.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans contained assessments of people's care and support needs.

People received care that was tailored to their individual needs, taking into account their preferences.

The provider took account of complaints and comments to improve the service. We saw that there was a system in place to log people's comments and learn from them.

**Requires Improvement**



## Is the service well-led?

The service was well-led. People using the service and staff were actively encouraged to speak to the manager should they have any concerns.

There was a quality assurance system in place, where staff internal and external to the service carried out a quality monitoring programme. This was detailed, frequent and thorough.

Staff we spoke with believed they were well led and had confidence in the management team.

**Good**



# Gable Court Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was an unannounced inspection carried out on 15 January 2015. This inspection was done by two adult social care inspectors. Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months

During our inspection we observed how the staff interacted with people who used the service. We looked at how people who used the service were supported during the day of our inspection.

During our visit to the service, we looked at five care records including people's risk assessments, staff training records and other records relating to the management of the service, such as staff duty rosters, policies and procedures and various audits.

We spoke with nine people who used the service, five staff, two relatives, the deputy manager and the registered manager.

# Is the service safe?

## Our findings

People told us they felt secure living at the service and that they had trust and confidence in the staff caring for them. One person said, "I am quite secure here. Staff help me to get up and are always there to support me." Another said, "I feel protected. This call bell is my lifeline as I know help is on the other end when I call." One relative said, "staff are very good. I can sleep at night knowing that someone is there for mum."

People were protected from the risk of harm or abuse. Staff we spoke with were aware of the signs of abuse and told us that they would raise concerns with the registered manager who would in turn raise it with the local authority and police if required. Staff told us and showed us how they would record any bruises on a body map and escalate to the nurse in charge. There was a safeguarding policy available which staff said they had read and knew where to locate should they need to refer to it. We saw that staff had training in this area when we looked at staff training records. Staff we spoke with confirmed that they had safeguarding training.

Staff were aware of the whistleblowing procedure and told us that they would not hesitate to report any concerns to their line manager or the home manager. We saw a copy of the whistleblowing procedure which the service called "People Speak Up" procedure and it encouraged staff to speak up if they had any concern. Staff that we spoke with did not raise any concern to us about the service.

During our visit we found that call bells were not always left within reach although people said staff came to their rooms frequently. We saw call bells were answered within two minutes. We looked at the call bell monitoring forms and found that any bells that went on for a long time were investigated in order to prevent people from waiting for assistance.

There were procedures in place for staff to follow in an emergency. Staff told us that they would press the emergency bell, put the person in the recovery position and call for an ambulance in an emergency. They were aware of the evacuation procedure and the location of the fire exit and assembly point. Each person had a Personal Emergency Evacuation Plan (PEEP). In the event of a fire staff said they would follow the command of the nurse in charge. People were protected from the risk of delayed care

in the event of an emergency because staff were trained and aware of the procedure to take. The risk of people being harmed in a fire was also reduced as staff were knowledgeable about the guidance to follow if a fire occurred at the service.

People were protected from potential risks related to their current care needs. Each person had a "Health and Safety Checklist" which was completed to ensure safety within their individual room. Risk assessments were in place in the care plans we reviewed. These included falls, nutrition, moving and handling and skin assessments. When risks were identified, such as falls, staff were aware of the need to inform the nurse in charge as well as to complete an incident form. Staff were aware of these risks and gave examples of how they mitigated them. Staff mentioned how they ensured that people at risk of falls wore footwear that had good grip and fitted properly in order to reduce the chance of them falling. The service kept a record of all accidents and incidents involving people using the service and/or staff. These were reviewed by the registered manager to look for any trends or patterns and identify actions to reduce the risk of similar events happening again.

The provider had taken steps to provide care in an environment that was adequately maintained. We found that communal areas within the service were clean and appropriately furnished.

From the records we looked at, we saw fire alarms were tested on a weekly basis and regular fire drills were carried out. The fire safety equipment had been serviced in July 2014. This indicated that people were living in a safe environment as far as possible. However the lift had been out of order for more than a week as the engineer was waiting for parts.

Staff we spoke with told us they felt there were sufficient staff to meet people's needs however they would like to have more permanent registered nurses employed. We discussed this with the manager who said that the provider was actively recruiting more nurses. However the service employed agency nurses who had been working at the service for a long time and knew the people well. Staff we spoke with demonstrated a good knowledge of the needs of people they supported. Staff duty rosters we sampled at random indicated that there was the number of staff as mentioned to us by the manager.

## Is the service safe?

The service had effective recruitment and selection processes in place. We reviewed two staff files and saw evidence that appropriate checks were undertaken before staff began work. Two professional references were obtained which commented on their previous experience and suitability for the role. We also saw a number of checks had been carried out which included criminal record checks, any gaps in employment history, obtaining proof of their identity and their right to work in the United Kingdom.

The service had suitable arrangements in place to protect the people against the risks associated with the unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medication. People we spoke did not have any concerns regarding their medicines and the way they were administered. The service used a recognised monitored dosage system. The service kept a record of all medicines that had been received to ensure that each person who took regular medicines had enough to last them for the week. People were also monitored regularly for effectiveness of treatment or evidence of any potential side

effects or adverse reactions. We saw that every individual that required medicine had an individual Medication Administration Record chart (MAR chart) which clearly stated the person's name, date of birth and allergy status. We sampled the medication administration records of on one floor and saw that they were all up to date and had been signed for when medicines had been administered or refused.

We saw there was a system in place to record all medicines going in and out of the service. One of the nurses said that no-one was currently self-administering their own medicines. Regular checks had taken place to make sure staff were following medication procedure. We saw copies of checks that staff were carrying out on a daily basis to ensure that there were no gaps on the MAR charts and medicines were administered correctly. At our last inspection we could not be certain that people consistently received their medicines safely as prescribed. During this inspection we noted that the service had made improvements in this area.

# Is the service effective?

## Our findings

People using the service said staff knew them well and knew what they needed help with. One person said “It’s alright. I get what I need. Staff are pretty good and friendly, including the lady who cleans my room. They remember that I don’t take sugar in my tea. They help me get up on my feet and assist me with my wash.” Another said, “They respond quickly usually, but a bit slower at night. But when they do come they listen and attend to my needs. They know that I like to take my time to wash and enjoy a chat during the process.”

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard. Staff received appropriate training and professional development. We saw that the service had an induction programme for all new staff. From the documentation we noted it covered a number of areas which included staff roles and responsibilities and key policies and procedures for example fire safety, infection control, health and safety and safeguarding. We spoke to a newly recruited member of staff who confirmed to us that they had attended a three day induction programme. Staff were also required to attend mandatory training in safeguarding vulnerable adults, moving and handling, health and safety, and Mental Capacity Act and Deprivation of Liberty. This was confirmed by the staff we spoke with. We saw evidence that once employed, staff received regular and relevant training appropriate to the tasks they performed. Staff who we spoke with told us that they were able from time to time, to obtain further relevant qualifications. We saw that there was a record kept of the training staff attended so the dates for updates were clearly identified. Staff confirmed with us that they were provided with training on a regular basis.

Since the last inspection the frequency of staff supervision had improved and staff had received formal supervision on a regular basis. We saw supervision records on the staff files we looked at. Staff who we spoke with said that they had received individual supervision. We also saw copies of staff appraisals being completed.

There were effective systems in place to care for people in the service. The four staff we spoke to were knowledgeable about the people they looked after including their personal preferences, medical conditions, dietary needs and how to support individuals when they were experiencing low

mood or aggression. We were told and reviewed handover sheets which were detailed and outlined details such as people who were not for resuscitation, people on special diets and people who needed assistance by two staff. This made it easier for agency staff as they had written information to refer to. We saw a communication chart and laminated cards were used to communicate with a person who was unable to communicate verbally. Staff showed us how they used this in practice in order to communicate effectively with a person who was unable to communicate verbally.

The deputy manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They explained how capacity assessments were made on admission by the registered manager or their deputy and reviewed regularly. We saw evidence of this in the files we reviewed. Where the staff identified limitations in people’s ability to make specific decisions, they worked with them, their relatives and relevant advocates in making decisions for them in their ‘best interest’ in line with the Mental Capacity Act 2005. The deputy manager explained that there were no current Deprivation of Liberty safeguards in place but knew how to lawfully apply to restrict liberty by completing the appropriate form and sending to the supervising body for urgent or standard authorisations.

People were supported to eat and drink to prevent dehydration and malnutrition. Water was available in people’s rooms and tea and coffee was provided between meals. During lunch we saw people being assisted to eat and drink at an appropriate pace. Food was served systematically with staff allocated to deliver food to people’s rooms whilst other staff stayed in the dining room cutting up food for those who needed and assisting people to eat. There was a four week cycle menu which offered people two options. For people receiving enteral nutrition, there were prescriptions of the supplements made by dieticians. Nurses told us and we saw evidence that nurses monitored these hourly during the duration of the enteral feed and aspirated and flushed the port with water before and after setting up the feed in order to prevent blockage. We found that those at risk of malnutrition were referred to the dietician and actions were implemented. All the above showed that systems were in place to ensure that actions were taken in order to prevent malnutrition or dehydration. People who used the service had their weight monitored monthly to ensure they maintained a healthy weight.

## Is the service effective?

Information about the involvement of healthcare professionals in people's care was available in their care plans so that staff had the necessary information to support people to meet their healthcare needs. We noted that the service liaised with a range of health care

professionals such as; GP's, district nurses and specialist services such as dieticians. We saw one person had pain killers prescribed by their GP and another person had their anticoagulant medicine reviewed

This indicated that people received appropriate access to health professionals to maintain their health and well-being.

# Is the service caring?

## Our findings

People told us that staff were caring. One person said, “staff are very good. They listen to me and always make me smile.” Another said, “Staff always say hello when they pass by. They help me put in a DVD so I can watch my favourite films.”

We observed staff including the deputy manager interacting with people in a caring and compassionate manner. Staff were aware of people’s life stories which were also documented in the care plans we reviewed and helped staff deliver individualised care that was sensitive to people’s needs. We saw staff communicate through body language with people who had communication difficulties and those who could speak minimal English. In addition there were staff who could speak two Asian dialects and were able to communicate with people who were fluent in these.

People were encouraged to be independent and to choose what they wanted to do, for example we saw a person allowed to take their time to walk slowly but independently with their zimmer frame. Another person wandered around the home on their own. We saw staff engaged with them each time they passed by.

We also saw that people’s preferences were respected. People woke up when they were ready and had their meals when they were ready. One person told us that they

preferred to stay in their room reading the paper or listening to the radio. Staff were aware of people’s likes and dislikes and responded to people in a timely manner when they called or asked questions. We saw evidence of end of life planning jointly with people and their relatives documented in the care plans we reviewed. These included advanced decisions and funeral arrangements. This meant that the staff were respectful of people’s choices and adhered to their wishes.

People were treated with dignity and respect. We saw staff speaking to people discreetly before assisting them to mobilise to go to the toilet. Staff told us that they addressed people by their preferred names and always ensured that doors were closed whilst they assisted people with personal hygiene or toileting needs. Names of staff were displayed on a board in the middle of each unit to enable people to know the names of the staff on duty that day.

People were given information and were involved in planning their daily activities. Staff and relatives told us that people received brochures about the service including meals and activities. We saw this outlined in the service’s brochure. There were information boards on each unit displaying forthcoming activities and how to make complaints. Other information such as access to advocacy were also available for people and their relatives. The service had ensured that people had access to relevant information relating to their care and treatment.

# Is the service responsive?

## Our findings

We reviewed five care records and found that care was assessed when people first moved into the service and was supposed to be reassessed monthly. However, three out of the five care records reviewed showed that care plans had not been reviewed monthly as outlined in the services record keeping policy. We also found other gaps in the recording of care. For example between January and December 2014 a person on enteral support feeding (nutrition via a tube that goes directly into the stomach.) who was assessed as needing monthly nutritional risk assessments had only had these five times in 2014. The same person's turn chart indicated they needed three hourly turns. However, the turn chart dated 14/01/2015 did not indicate that the person was turned every three hours. Another care record we reviewed also showed gaps in the recording of nutritional assessments and indicated that a person's care plan had not been reviewed since October 2014. All the above showed inconsistent record keeping which was not always accurate and did not reflect the current needs of the people using the service.

This was a breach of regulation 20 of the Health and Social Care Act 2008 ("Regulated Activities) Regulations 2010.

The nine people we spoke with told us that they felt staff listened to them and responded positively to their requests. They said they were happy with the care and treatment they received. One person said, "I prefer to keep my door closed. Staff respect my decision." Another said, "I receive communion with the priest regularly. This keeps me in touch with my faith."

People told us that they were able to express any concerns to the staff and the manager and told us they knew where

to find the complaints procedure. The complaints procedure was displayed within the service and in people's information packs. Staff said they dealt with complaints as soon as they occurred and reported these to the person in charge. We saw three complaints in the complaints records folder. For all three an acknowledgement letter had gone out on receipt of the complaint and a response had been sent after investigation. For one of them a meeting had been held at the home in order to resolve the concerns raised with the family. There was evidence that the service had worked together with family and people in order to improve issues such as the prevention and management of falls and information about fees for people coming to the service on respite. The service allowed staff, people and their relatives to express their views and concerns in a safe and understanding environment.

Care was assessed and planned to meet individual's needs. We reviewed five care plans and found them to include people's preferences including what was important to them and how they wanted to be supported. One person's care plan read, "likes watching and feeding birds". Both staff and the person told us that they were supported to feed birds in summer. Another person liked horses and the colour green and we saw that they had some pictures of horses and green in their room.

There were person centred activities which were facilitated by an activities coordinator. For example one person liked to read and to see the vicar regularly which was confirmed by the staff and the manager we spoke to as well as other people using the service. Another person preferred to stay in their room watching TV. On the day of our visit we saw the activities coordinator planning what to buy and how to celebrate Valentine's day.

# Is the service well-led?

## Our findings

People told us that the service was well managed and that they could speak to staff or the registered manager as and when they wanted. One person said, “staff are always approachable and I call the manager if I need to see them.” Another said, “we see the manager from time to time but the second in command is usually about everyday.”

Staff and nine people we spoke with told us that they felt that there was an open and transparent culture. Staff said they could talk to the registered manager or their deputy and report incidents freely without fear of reprisal. Staff told us that the manager was very supportive. One staff member told us “I like the manager, she is very good”, another staff said, “The manager is very approachable.” This indicated that people, staff and relatives were confident in the management of the service.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

A quality assurance questionnaire was sent out once a year by the head office of the provider to people who used the service, their relatives or representatives and health care professionals. This gave people the opportunity to have their say about the service that was provided. The results were analysed and actions were taken where improvements were needed. Following feedback from the last survey some people were now offered one to one activities sessions by the activity coordinator. The last staff survey was done in October 2014. The manager as well as the staff were working on an action plan from the results of the survey. The action was to be completed by the end of January 2015.

We looked at the service's quality assurance systems. Records showed that a variety of audits were carried out regularly to make sure that the service was managed safely for people who lived in the home. There were a number of care audits that included weight records, tissue viability checks, blood pressure checks, weight checks and medicine audits. A representative of the provider also visited the service on a monthly basis unannounced to carry their own audit in a number of areas. The report was then sent to the manager to take action where improvement was needed. The service also learnt from any incidents, complaints or concerns. We saw that each incident was analysed to see what had happened along with any learning points.

The manager told us and we saw that there were regular staff meetings for all levels of staff. This demonstrated staff were able to communicate with each other and keep informed about all aspects of their work as well as contribute in the running of the service. From the last meeting minutes we saw that staff were able to provide input into monitoring and improving the quality of service through staff meetings. Staff said “Take 10 meetings” happened every Monday to ensure that head of units could escalate any concerns as well as receive any updates to the service's priorities.

Since our last inspection the provider now had a robust system to ensure that the findings and recommendation from audits of the service were followed up effectively. There were dates to be completed by on all the areas where improvement were identified.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records  Record keeping was not always accurate and did not reflect the current needs of the people using the service. Regulation 20 (1)(a)(b)(i)(ii) (2)(a)