Bupa Care Homes (CFC Homes) Limited

Manor House Residential and Nursing Home

Inspection report

80 Huntingdon Road
Upwood
Nr Huntingdon
Cambridgeshire
PE26 2QQ
Tel:01487 814333
Website: www.**bupa**.co.uk

Date of inspection visit: 16 December 2014
Date of publication: 06/02/2015

Ratings

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

Overall summary

Manor House Residential and Nursing Home provides accommodation, personal care and nursing care for up to 40 older people including those living with dementia. Accommodation is located over two floors. There were 34 people living in the home when we visited.

This inspection was undertaken on 16 December 2014 and was unannounced, Our previous inspection was undertaken on 30 April 2014, and during this inspection we found that all of the regulations were being met.

The home did not have a registered manager in post. The registered manager left their post in October 2014. A registered manager is a person who has registered with

Summary of findings

the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw that staff had followed guidance and were knowledgeable about submitting applications to the appropriate agencies. Records viewed showed us that where people lacked the capacity to make decisions they were supported to make decisions that were in their best interests. People were only deprived of their liberty where this was lawful.

There was a process in place to ensure that people's health care needs were assessed. This helped ensure that care was planned and delivered to meet people's needs safely and effectively. Staff knew people's needs well and how to meet these. People were provided with sufficient quantities to eat and drink.

People's privacy and dignity was respected at all times. Staff were seen to knock on the person's bedroom door and wait for a response before entering. They also ensured that people's dignity was protected when they were providing person care. Care records we reviewed showed us that, wherever possible, people were offered a variety of chosen social activities and interests. People told us that the staff were very kind and knock on their door before entering.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

The provider had a robust recruitment process in place. Staff were only employed within the home after all essential safety checks had been satisfactorily completed.

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the provider and registered manager and subsequent actions taken, helped drive improvements in the home.

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 not always safe.

Improvements in medication administration were needed to ensure people were safe at all times

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Requires Improvement

Is the service effective?
The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were cared for by staff who had received training to provide them with the care that they required.

People's health and nutritional needs were effectively met. They were provided with a balanced diet and staff were aware of their dietary needs.

Good

Is the service caring?
The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

Relatives were positive about the care and support provided by staff.

Good

Is the service responsive?
The service was responsive.

People and or their relatives were involved with developing and reviewing their care plans. People were supported to take part in their choice of activities, hobbies and interests.

Relatives were kept very well informed about anything affecting their family member.

People's complaints were thoroughly investigated and responded to in an open and professional way.

Good

Is the service well-led?
The service was well led

Good

Summary of findings

There were opportunities for people and staff to express their views about the service via meetings, surveys and a feedback letterbox in the entrance to the home.

A number of systems had been established to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Manor House Residential and 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 December 2014 and was completed by two inspectors. This was an unannounced inspection.

Before our inspection we looked at information we held about the service including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We reviewed all other information sent to us from other stakeholders including local authority commissioners and members of the public.

During the inspection we spoke with eight people living in the home, the provider's visiting care manager, the interim manager, the senior nurse, two relatives and five staff. We also spent time observing care to help us understand the experience of a few people who could not talk with us.

We looked at four people's care plans. We also looked at other records including medicines administration records, staff meeting minutes, service user quality assurance survey questionnaires, staff recruitment files and training records. We checked records for things such as legionella bacteria checks, fire, gas and electrical systems.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe living at the home and what they would do if they had any concerns. One person said: "I feel safe as staff are around to help me when I need them."

Another person said: "Yes, I always feel safe. If I ever saw anything of concern or staff shouting I would tell the staff. They [staff] are all so nice". Two relatives and a visiting health care professional we spoke with confirmed to us that they had no concerns about people's safety. A relative said, "I have never had a concern when visiting".

People were provided with information about protecting people from harm or potential harm. This was displayed in the home so that it could easily be accessed by everyone. Staff we spoke with had an awareness of how to recognise abuse and who they would report it to. We saw that there was information available which provided staff with contact details of the local safeguarding authority. There had been no recent safeguarding incidents but the senior nurse was clear of her responsibilities in regards to informing CQC and the local authority should any incidents occur. Staff we spoke with confirmed that they had received safeguarding training and were able to demonstrate what constituted abuse and what they would do if they were told, saw or suspected that someone was being abused. This meant that people were supported to be as safe as practicable

Health risk assessment records demonstrated that people's individual health risks were identified and managed to keep people safe. People who were at risk of developing a pressure ulcer, choking or falls were recognised and measures to reduce these risks were put in place.

All of the staff we spoke with knew people's needs and supported people well. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Our observations of staff caring for people showed us that this was the case. We noted that staff knew how to manage people behaviour when they were challenging to others.

We found that there was a sufficient number of staff employed with the right skills to safely meet people's identified care needs. We heard call bells being answered to in a timely way and people did not have to wait. One person said, "Staff respond to call bells quickly". Two relatives we spoke with said they felt there were usually enough staff on duty to meet people's needs. All of the staff we spoke with confirmed that, when there were no staff absences, everything worked well but if anyone was off it could get very busy and some people had to wait for their care. The senior nurse and staff confirmed that if staff rang in sick or were on training staff swapped shifts or covered extra shifts and agency staff were provided if required. We were told by staff that additional staff are brought in if there was a change in people's needs.

Medicines were stored safely. We saw that medicine administration records (MARs) were in place and the recording of medication was accurate. Whilst observing the administration of medicines the staff did not follow good hygiene procedures. They did not wash their hands between two people who required eye drops and also they handled a person's medicine with their hands. This could put people at risk of cross infection. Staff told us they had received training in medicines. People we spoke said "I am asked if I would like any pain relief". Another person said "I get all the medicines the doctor prescribes".

Two staff told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed.

Regular checks had been completed on electrical systems, lifting equipment call bells and environmental checks to ensure people were kept safe. Most areas which needed to be were safely secured for example the main entrance was locked at all times and accessed by a key pad.

Good

Is the service effective?

Our findings

People we spoke with reported that staff understood their needs well and helped them improve their health. Staff told us about the care they provide and one said: "I get to know what is important to people by asking them and looking in their care plans."

Staff were aware of the likes, dislikes and care needs of the people living in the home. One person told us: "I talk with staff about my care they listen to me". We saw in another person's care records that their life history and experiences were documented. This showed us that staff had taken the time to listen to people and their relatives. One person told us: "I like to get up early at 6:30am; staff know this and come about that time, if I want to get up earlier I ring the call bell". We observed staff responding to call bells promptly throughout the day.

All of the staff we spoke with told us they felt well trained and supported to effectively carry out their role. Although staff told us they had not received regular supervision since the manager left their post in October 2014, they felt well supported by the interim manager and the senior nurse. Staff told us and the training records we reviewed showed that staff had received training in a number of topics including fire awareness, infection control and food safety, moving and handling, safeguarding people. Staff told us that they had received a good induction when they started which included up to two weeks shadowing an experienced member of staff who knew the people in the home very well. This helped them get to know the people's needs and routines.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Two of the staff we spoke with were trained and felt confident in understanding when an application for depriving somebody of their liberty should be made. They had an awareness of the Act and what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty was lawful. However, there was nobody being deprived of their liberty at the time of this inspection. We were told that none of the people who currently lived in the home were being deprived of their liberty or had any restrictions in place.

We saw that some people were able to consent to making everyday decisions about their care and support needs. For example, what to wear, eat and drink. Staff we spoke with were confident in discussing the importance of consent to care and told us they always ask people about what support they need before supporting them.

We observed lunch being served to people. Most people we spoke with commented on the high quality of food provided. One person told us: "The food is wonderful. I always get plenty and I can always ask for more". Another person said: "Good food, choices of food, if there is nothing I like, they offer me another choice". We saw that where people were either unable to eat in the dining rooms as they were being cared for in bed or chose not to, they were offered timely meals and refreshments in their rooms. During this time we heard staff gently encouraging one person to eat and drink. They were sitting next to them and talking with them throughout the meal asking them if they were ready for more food or drink. People were provided with assistance at meal times and this was done sensitively and respectfully when staff were assisting people in an unhurried and calm manner. Where people had any risk issues associated with potential inadequate nutritional intake we saw that dieticians and speech and language therapists had been consulted. This was to help ensure people ate and drank sufficient quantities.

People's health records showed that each person was provided with regular health checks through arrangements for eye tests, dentist and support from their GP. One person told us: "If I need to see a doctor the staff arrange this for me very quickly". Another person said: "I have physiotherapy two to three times a week and staff make sure I am ready. Staff are very skilled, [they] meet all my needs. I see a GP if I need to". Staff told us that they attend handovers at the start of the shift where they are given information about people, which included areas such as, health, GP, chiropody visits.

We saw that a doctor, district nurse, physiotherapist, dietician and speech and language therapist had visited the service to advise the staff and support them with meeting people's needs. We noted all of this advice and information had been incorporated into people's care plans and risk management strategies. We spoke with one healthcare professional who was visiting the home. They told us that they had no concerns about the care that people received. They told us that people were referred

Good

Is the service effective?

appropriately and staff were always around to assist. People and their relatives told us if they needed to follow anything up with the staff they could always find them and ensured it was sorted out straight away. This meant people could be confident that their health care needs would be reliably and consistently met.

Good

Is the service caring?

Our findings

People we spoke with said that staff respected their privacy and dignity. We saw that staff knocked on bedroom doors and waited for an answer before entering. We saw that staff ensured doors were shut when they were assisting people with personal care. A housekeeping member of staff was seen to knock on doors and wait to be invited in before entering the room, whether the door was open or closed. They chatted with people while they were carrying out their tasks and asked if they were happy for them to clean. One person said: “I like my door shut and staff are always very good at closing it on their way out”. Another person told us: “The staff always knock on my door before entering“. Another person said: “The staff don’t talk to me about other residents; it is none of my business”.

We observed people being assisted with their personal care in a discreet manner. Comments from people who used the service regarding the staff included: "Staff are very good, very kind to me" and “Staff don’t rush me to do things”. Another person said: “The beauty of this place is you can say and do things you like with no restrictions; people listen to you and respect your wishes”.

We saw that staff showed patience and gave encouragement when supporting people. For example, one person who asked a question repeatedly was answered on each occasion and the staff would place their hand on their shoulder to give them reassurance. A relative said: “Staff are courteous, caring, kind and polite to [my relative]”.

We saw personalised details in the care records which showed us the staff had taken time to gain insight into people’s lives, particularly around their preferences for personal care delivery.

We saw staff were calm and not rushed in their work. People commented on the, “friendliness and kindness” of the staff. We saw that staff were able to spend time individually with people, talking and listening to them. Staff we spoke with were knowledgeable about people’s care and support needs of the people. A relative said: “The staff know my mum’s needs really well, enough to be able to care for her”.

People could choose where they spent their time. There were several communal areas within the home and people also had their own bedrooms in which to entertain visitors. People told us they were able to choose what time to get up and to go to bed. Another person said: “The entertainment lady is very good, does things every day and asks us what we want to do”. A staff member said: “We are encouraged to spend time with our residents and this is a part of the job I love”. The staff were seen talking to people in a caring and respectful manner. For example, staff made eye contact and listened to what people were saying, and responded accordingly.

We saw a lot of positive interaction between people and staff. People told us how wonderful the staff were.

We spoke to people using the service about how involved they were in making decisions about their care and support. We received responses which included comments such as: “Yes I am involved in all discussions relating to my care and I make all my own decisions with a little support”. One person using the service who was walking around, did not want to eat any lunch and wanted to continue to walk. We saw the staff member calmly and sensitively took action in accordance with the person’s wishes and went for a walk with them. Then they encouraged them to sit at the lunch table to enjoy their lunch which they did.

We spoke to one relative who told us: “I had recommended the home to two friends who came for respite and they told me that they couldn’t fault the home”. Another relative said: “The home is so welcoming and inviting and we are able to visit at any time”.

We were told that no one at the home was using an advocacy service at the moment but information was available to them in the main entrance to the home should people require support in making decisions.

Good

Is the service responsive?

Our findings

Staff told us that there was sufficient detail in the care plans to give them the information they needed to provide care consistently and in ways that people preferred. Care plans had been reviewed regularly so that any changes to people's needs had been identified. Records showed that when people's needs had changed, staff had made appropriate referrals. This included, for example, to the dietician, dentist and or opticians and updated the care plans accordingly. A visiting health professional told us the staff followed their instructions and they were very knowledgeable and well trained.

Care records showed that planned care was based on people's individual needs. We observed interactions by staff with people using the service and found that the interventions described in the care plans were put into action by staff. For example, when a person's behaviour became challenging to others, staff were seen to distract the person by talking to them calmly and getting then to walk with them along the corridor. This gave the person some support and they began to laugh. A visiting health professional told us that care plans and assessments were always up to date. They told us that referrals were always appropriate and timely and communication was good. They also said that staff were supportive to each other and the standard of care was good and they have never had any issues".

We noted that forthcoming activities were well advertised around the home. These included music therapy, arts and crafts, Christmas show a film afternoon and zoo lab which people told us they enjoyed. We saw that books and craft materials were available so that people could have easy access to them. People were seen to be reading newspapers and books. They told us they like to keep up to date with what it going on in the world. One person told us "I love reading it keeps me occupied, my family bring in the books for me".

We looked at the minutes of the residents' meeting and saw action had been taken in response to issues or ideas raised. A feedback letterbox was in the entrance which gave people the opportunity to post any ideas, concerns and issues. We were told the box was emptied monthly and action was taken when required, although there had been no recent suggestions or feedback posted. People we spoke with all told us that if they were unhappy with anything they would speak to the staff. One person: "I am not unhappy with anything".

There was a copy of the complaints procedure available in the main reception of the home. People we spoke with, and their relatives, told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. Staff told us if they received any concerns and complaints they would pass these on to the manager. We looked at the last three formal written complaint made and found that this had been investigated and responded to in line with the provider's policy. This meant that people could be assured that their concerns and complaints would be managed in line with the provider's policy.

Most people using the service were positive about their views being acted on by staff and the senior staff. One person said: "I have raised issues if I have needed to and I am always listened to". Another person said: "I am quite happy here and if I do raise anything I know they will take it seriously and deal with it".

Good

Is the service well-led?

Our findings

At the time of our inspection there was not a registered manager at the home. The previous manager had left in October 2014. A registered manager from another service was supporting the senior nurse to manage the home whilst a permanent manager was recruited. Area managers from BUPA (the provider) had been visiting the home regularly to support staff and ensure that people were having their needs met and staff were provided with the support that was required. Staff told us that the senior nurse has been very supportive during the absence of a registered manager. One staff member said: "Although it is busy, as we have no permanent manager at the moment, we can contact other managers for support and advice". Another member of staff said: "The home lacks leadership and it would be better if they deployed the kitchen assistant to take meals to people who remain in their rooms and do not require assistance with eating or drinking instead of carers. This would free up more time for carers to support people who require assistance". We fed this back to the interim manager and she told us they would look into this. A visiting health care professional told us that the service was still being well run even being without a registered manager.

We received many positive comments about the senior nurse from staff who told us that they were both approachable and communicated well with them. One staff member told us: "They listen and ensure we are told things that are important". Another staff member said: "It's good working here, there is enough staff".

We found that staff had the opportunity to express their views via staff meetings and handovers.

Staff told us they were encouraged to make suggestions to improve the quality of service provision. They did this either individually in supervision or in one of the team meetings. Examples given by staff, where improvements had been made, there was an upgrade on the call bell system. This would allow staff to respond more quickly as it was a visual system not a pager.

People were given the opportunity to influence the service they received and residents' meetings were held by the manager to gather people's views and concerns. People told us they were kept informed of important information about the home and had a chance to express their views.

There were a number of systems in place to monitor the quality of service provided to people living at the home. The senior staff conducted a number of monthly audits to assess the service and we reviewed audits undertaken covering all aspects of medicines management, fire health and safety. We saw that where actions had been identified these had been followed up to ensure that action had been taken. For example, where it had been identified that a member of staff had failed to sign for administered medication, the action taken had been recorded and further training had been provided.

A training record was maintained detailing the training completed by all staff. This allowed the manager to monitor training to make arrangements to provide refresher training as necessary. We were told by staff that the senior nurse regularly 'worked the floor' (this meant they worked alongside the staff in providing care) to ensure staff were implementing their training and to ensure they were delivering good quality care to people.