

Bupa Care Homes (BNH) Limited

Highclere Care Home

Inspection report

1 Chapman Avenue
Downs Barn
Milton Keynes
Buckinghamshire
MK14 7NH

Date of inspection visit:
11 January 2017

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14 February 2017

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 

Summary of findings

Overall summary

Care service description:

Highclere Care Home is registered to provide accommodation and support for 41 people who require nursing or personal care, ranging from frail elderly, dementia care and nursing needs. The service is purpose-built and has good access to local amenities and transport services. At the time of our inspection there were 39 people using the service.

Rating at last inspection: At the last inspection, the service was rated Good.

Why we inspected – The inspection was prompted in part by concerns raised in relation to poor staffing levels at the service.

Risk List :

Insufficient Staffing levels

Rating at this inspection:

At this inspection we found the service remained Good.

Why the service is rated:

People felt safe. Staff had been provided with training to enable them to recognise signs and symptoms of abuse. People had risk assessments in place to enable them to maintain their independence. Observations showed that staffing at the service was adequate to meet people's needs. However this was not always delivered in a timely manner. Effective recruitment procedures were in place and medicines were managed safely.

Staff received training and supervision to enable them to carry out their roles and responsibilities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were able to make choices about the food and drink they had and staff supported people to access a variety of health professionals.

People said staff were kind and compassionate and staff knew about people's preferences and personal histories. People's views were listened to and they were actively encouraged to be involved in their care and support. Staff ensured that people's privacy and dignity was upheld. Any information about people was respected and treated confidentially.

Comprehensive assessments were completed before people were admitted to the service. Care plans reflected how people's needs should be met. There was a complaints procedure to enable people to raise complaints.

The service was led by a registered manager who had support from the provider. Quality monitoring systems were in place and a variety of audits were carried out and used to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service is not always safe.

Staffing levels were adequate to meet people's needs, but this was not always delivered in a timely manner.

Staff were knowledgeable about protecting people from harm and abuse.

Risk management plans were in place to protect and promote people's safety.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Highclere 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.

We carried out a comprehensive inspection at Highclere Care Home on 11 January 2017. The inspection was unannounced and was carried out by one inspector.

Before the inspection we checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with eight people and one regular visitor to the service. In addition we spoke with ten staff members that included a registered manager from another service who assisted us with the inspection. Also included in our discussions were the senior nurse, two nurses, four care workers, a hostess and the chef.

We reviewed the care records of six people who used the service to ensure they were reflective of people's current needs. We examined five staff files and other records relating to the management of the service including, medication administration record sheets, staff rotas, training records and quality auditing records.

Is the service safe?

Our findings

People's views and our observations of staffing numbers was mixed. People told us they received the care they needed, but this was not always delivered in a timely manner. One person told us, "The staff are always rushing around. Sometimes you can't see any staff around." A second person commented, "I do have all my needs met but I usually have to wait a long until someone comes to me."

Staff confirmed that the staffing numbers were adequate in the morning but they felt under pressure in the afternoon. One staff member told us, "It's just about okay in the morning but it's really hard in the afternoons." Staff told us that people did receive the care they needed but also confirmed that people often had to wait for their care.

The senior nurse told us, "We use a dependency assessment tool to assess people's needs and this gives us an indication as to the staffing numbers that are needed." The registered manager who assisted us with the inspection told us that staffing levels had been increased in December 2016. This was by one staff member on the morning shift and one staff member on the night shift. Staff told us this had made a difference to their workload in the mornings.

We looked at the staff rota and found there were seven support workers and two nurses on a morning shift. Bank and agency staff were used to cover any shortfalls on the rota. Staffing numbers were then reduced to four support staff and two nurses in the afternoon. We queried why staffing numbers dropped so significantly in the afternoon. We were told that afternoons were quiet and the same staffing numbers were not required. However staff we spoke with told us that people's needs did not change in the afternoons. The senior nurse told us that a twilight shift; usually starting from 17:30pm; was in place to assist staff in the afternoons. However the staffing rotas showed that the twilight shift was not used consistently every afternoon.

Our observations on the day of our visit showed that call bells were answered in a timely manner and people were responded to swiftly. We saw that people were safely supported when they needed to be moved. There were always two staff available to undertake moving and handling procedures which were carried out in an unhurried manner. We saw that people did not have to wait long for requests of support and there was a consistent staff presence in communal areas should anyone require support. During the lunch time meal we saw there were sufficient staff available to provide people with the support they needed and people were not rushed. In addition we observed activities taking place in the afternoon and there were sufficient staff available to support people with their chosen activities.

People using the service were protected from abuse and avoidable harm. People told us they felt safe living at the service. One person said, "Yes the carers are lovely and I feel safe with them."

Staff told us they had been provided with safeguarding training and one staff member said, "Yes I have had safeguarding training. I would definitely raise any concerns if I thought someone was at risk."

Records demonstrated that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. In addition we saw there was a whistleblowing policy and poster in place that contained the names and contact numbers of the relevant people that staff could call if they had any concerns.

We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

Risk management plans were in place to promote people's safety and to maintain their independence. One person told us, "The carers do try to get me to do as much as I can for myself."

Staff were aware of people's risk assessments and understood why they were in place. One staff member said, "Risks are well managed." We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person.

Safe recruitment practices were followed. There were arrangements in place to ensure safe recruitment practices were followed. One staff member said, "I had to wait for all my checks to come through before I could start working here." The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work. Records confirmed that appropriate checks had been undertaken before staff began work at the service.

Systems were in place to manage people's medicines safely. People told us that they received their medicines when they expected them. One person said, "I get my tablets when I need them."

Staff told us, and records confirmed that they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "We get regular training. Medication administration is taken very seriously."

We looked in depth at the medicines and records for seven people living at the service. Records were kept of medicines received into the service and given to people. There were no gaps on the administration records and any reasons for people not having their medicines were recorded. Clear records were made of when to give the next dose of medicines, to ensure that people got their medicines on time.

Some people had been prescribed medicines on a 'when required' basis. Information to show the staff how and when to administer these medicines, so that they are given in a clear and consistent way that meets people's individual needs, was kept at the service. They were detailed and specific to the individual. People were protected against being given medicines that they were allergic to. Their allergies were recorded on their administration records.

We observed people being given their medicines by the nursing staff. We saw that safe procedures were followed. The administration records were referred to prior to the preparation and administration of the medicines, and the administration records were being signed after the medicines had been given.

Medicines were being stored securely, and at the correct temperatures, for the protection of service users. Controlled drugs were stored and recorded correctly.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff are very knowledgeable and they know what to do." Staff told us they were well supported when they first started working at the service and had completed an induction. One staff member said, "We get all the training we need and if we need more we can always request it. I would say that training is brilliant."

Records confirmed that staff were provided with regular and were expected to complete the Care Certificate during their probationary period. Staff told us they received regular supervision and an annual appraisal of their performance. Records we looked at confirmed this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People confirmed that staff always asked them before providing care and we observed this in practice. One staff member told us, "We get asked if we want something to happen so why shouldn't we ask them." Records showed where necessary people's capacity had been assessed with appropriate assessments in place.

We observed, and people told us that they were supported to eat and drink sufficient amounts to maintain a balanced diet. One person said, "The food is lovely. I couldn't fault it." We spoke with one of the chefs who demonstrated a good understanding of people's dietary needs and food preferences. We observed that people's care records contained details of their dietary likes and dislikes. Records demonstrated that people were weighed as needed and nutritional screening was reviewed monthly or when changes occurred.

People had access to the GP and health care facilities. One person said, "Staff help me to see the doctor when I need to." People and their relatives told us that their health care appointments were co-ordinated by the staff; and either their family member or staff would accompany them to attend health care appointments when needed. Records seen demonstrated that people's healthcare needs were regularly reviewed.

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. One person said, "The carers are lovely. Very kind and they always ask if there is anything else they can do for me." Staff told us they knew people well and were able to spend time getting to know people's likes, dislikes and personal histories. Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported.

People were supported to make choices on aspects of their daily routine; their daytime activities or their food preferences. One person told us, "They always ask me what I would like to eat." Records seen confirmed that people and their relatives were involved in the care planning process to ensure that the care provided met their individual needs.

We saw evidence within the care plans we examined that people's changing needs and wishes were closely monitored on a regular basis. The registered manager assisting us with the inspection told us that at the time of our inspection there was one person using the services of an advocate.

People told us that staff were always respectful towards them and promoted their privacy and dignity. One person told us "They are very sensitive to how I feel. They show respect for my feelings." Staff told us that people's privacy and dignity was promoted and they were able to demonstrate how they supported people to uphold their dignity. Throughout the inspection we observed staff assisting people with personal care, which was carried out in discreet manner.

People felt assured that information about them was treated confidentially and respected by staff. One person said, "The staff are very careful not to talk about anything they shouldn't." Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to maintain confidentiality.

Is the service responsive?

Our findings

People told us that they received care that met their needs. One person said, "The carers look after me alright. They know what to do." People told us that staff included them in the decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way.

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. Information from the assessment was used to ensure people received the care and support they needed; and to enhance their independence and to make them feel valued. One staff member told us, "We try to get as much information as we can. We like to know as much as possible about people." Care plans contained information on how people's physical, social and emotional needs were to be met. They were detailed and comprehensive.

People and their relatives told us that communication within the service was very good. One relative said, "If something happens to [name of relative] the home will always call me.

The service had a programme of activities and people told us that there was usually something for them to do if they wanted to. One person commented, "I like the activities that go on. We have a singer this afternoon." Another person told us that they enjoyed the crossword sessions held regularly. Staff told us they worked with family members to prevent social isolation by encouraging people to participate in daily activities they enjoyed. We observed this on the day of our inspection.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "I did make a complaint and it went to the top. It was dealt with properly." We saw that a copy of the service's complaints procedure was displayed on the notice board. We looked at the complaints record and found that action had been taken to investigate and respond to complaints that had been made.

People and their relatives told us they were regularly asked to provide feedback on the quality of the care provided. One person told us, "There are residents meetings that I go to. We can tell them about anything we are not happy with." We saw that work was in progress for the annual surveys to be sent to people and their relatives.

Is the service well-led?

Our findings

The service had a registered manager but she was not available on the day of our inspection. A registered manager from another service within the organisation assisted us with the inspection.

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 and staff expressed confidence in how the service was being run. One person said, "You can go to [name of registered manager] if you have any complaints." Two people told us, "Yes I know who the manager is. It's [name of registered manager]."

Staff were also positive about the service. They felt they were well trained and supported and were committed to the care and development of people who used the service. They felt that the registered manager was supportive of them. One staff member said, "The manager makes sure we get the training we need."

The service operated a resident of the day initiative. This ensured that people using the service had all their needs reviewed on a regular basis. All staff working at the service had an input in ensuring that people were made to feel special and valued as part of the resident of the day scheme.

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We saw evidence that accidents and incidents were recorded and analysed. Any identified trends had measures put in place to minimise the risk of occurrence.

The registered manager told us that the service had systems in place to monitor the quality of the care provided. We saw regular audits were undertaken. These included medicines, infection control, health and safety, care records, accidents and incidents, night checks, pressure care and well-being. The audits were completed regularly to ensure the effectiveness and quality of the care provided.