Bupa Care Homes (CFChomes) Limited

Argyles Care Home

Inspection report

Pound Street
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Berkshire
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26 May 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 25 and 26 May 2016. The inspection was unannounced on the first day and announced on the second day.

Argyles Care Home is a detached purpose-build Tudor style home built in 1991. The home is situated in the centre of Newbury within West Berkshire, close to local shops and other amenities. People have their own bedrooms and use of communal areas that includes an enclosed private garden. The people living in the home need care and support from staff at all times. Some of the people live with dementia and other health related conditions. The service is registered to provide care and nursing care for up to fifty-seven people. There were forty-two people in residence during our visit.

There is a registered manager running the service. 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. The registered manager was not available on the first day of our visit, but was present on the second day.

There were systems to regularly assess and monitor the quality of service people received that were used effectively to ensure people's safety and well-being. Staff had received health and safety training with refresher training scheduled to promote people's safety. They were supported with their development needs.

People, their relatives and staff told us they felt listened to by the registered manager and deputy manager who had promoted a positive culture within the home putting people first, whilst supporting and developing the staff team.

People's care plans were up to date to reflect their care needs and identify individual risks. For example, to promote falls prevention and person centred care. These were being further developed and there were some gaps within daily records. These were being reviewed and improved by the registered manager who recognised the need for further improvements. Staff were receiving support to change the ethos of the home to promote person-centred care and improve communications.

There were enough staff to meet people's needs safely. The registered manager had taken action on the second day of our visit to ensure the hairdressing service did not impact on the dining experience of people who needed support from staff over the lunchtime period on a Wednesday.

People's nutritional needs were met with meals that were appetising and cooked to meet individual needs. Staff treated people with respect and kindness and embraced the support they needed to improve the quality of services to promote person centred care. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

There were robust processes in place to monitor the safety of giving people their medicine. The recruitment and selection process helped to ensure staff of good character supported people. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

The service had taken the necessary action to ensure they were working in a way that recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and consent issues, which related to the people and their care.

There were various formal audits and quality monitoring visits by one of the organisation's area managers and by external professionals to promote people well-being and safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff of good character who knew how to protect people from abuse.

People received their medicine safely.

There were sufficient staff with relevant skills and experience to keep people safe.

The provider had robust emergency plans in place, which staff understood, to promote people's safety.

Is the service effective?

Requires Improvement

The service was not always effective.

A hairdressing service provided over the lunchtime period on a Wednesday had a negative impact on people's dining experience.

People were supported to eat a healthy diet. They were helped to see their GP and other health professionals to promote their health and well-being.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

Is the service caring?

Good

Staff treated people with respect and dignity and promoted their privacy and independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

People's right to confidentiality was protected.

Is the service responsive?

Good

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished. There were some omissions in daily records. These were being reviewed continually to promote person centred care.

Activities within the home were provided for each individual.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

People, their visitors and staff said they found the manager and deputy manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager and provider had carried out formal audits to identify where improvements may be needed and acted on these.

Argyles 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 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 the 25 and 26 May 2016. It was carried out by two inspectors and was unannounced.

Before the inspection the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law.

During our inspection, we observed care and support in communal areas of the home and used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with the registered manager, area manager, deputy manager, activity coordinator and 13 staff. We also received feedback from a local authority care quality officer and one health care professional.

We spoke with 10 people and the families of five people. We looked at eight people's records and records that were used by staff to monitor their care. In addition, we looked at 10 staff recruitment files. We also looked at staff training records, duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. One person said they felt "very safe with staff", adding, "they are very good". Other comments included, "I do feel safe". One person told us that they "had no worries" and that they would speak with someone if they were not happy. The person's relative said, "I would know if (name) wasn't happy or if something was wrong."

Another person said, "staff are good", but also raised their concern about a member of staff who they felt was "a bit rough". We reported the person's concern to the registered manager who took immediate action by following multi-agency safeguarding procedures to investigate.

People's families expressed that they were confident that their relative was safe in the home. They told us they had never seen anything they were not comfortable with. Comments included, "I can leave feeling mum is safe and well cared for."

People were protected against the risks of potential abuse. Staff were able to provide a robust response in relation to their understanding of safeguarding. They had received safeguarding training and were fully aware of the provider's whistleblowing policy, referred to as the "Speak up" policy within the home. Staff told us that if they had concerns and were not listened to by the registered manager or within their organisation, they would report their concerns to the local safeguarding authority or Care Quality Commission. One member of staff said they "had used" the 'speak up' policy once and stated "it worked".

The provider had effective recruitment practices, which helped to ensure people, were supported by staff of good character. They completed Disclosure and Barring Service checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained. The provider carried out checks to ensure people were being cared for by nurses who were registered on the Nursing and Midwifery Council register to practise in the UK.

There were sufficient staff to meet people's care needs safely. Staff numbers were calculated on people's individual needs. A dependency review by the registered manager in April 2016, identified and actioned an increase of staff. This was from eight to nine in the morning and six to seven in the afternoon. This was to meet the needs of 43 people. Existing or agency staff covered annual leave and/or sickness absence. Staff comments included, "Nine times out of ten there are enough staff. However, when there's short notice sickness, this can be tough to cover, but does not happen often."

Health and safety audits where regularly undertaken to promote the safety of people and others within the home. These included infection control and fire safety. A fire risk assessment on the 20 May 2016 identified significant findings. This included as stated, "following recent refurbishment the majority of fire doors need signage" such as "automatic fire door keep clear" with an action date to complete by June 2016. Staff fire safety training and evacuation drills were detailed on the action plan as "on-going". Records showed that staff had received fire safety awareness training. However over a third of all staff were overdue fire drill

training, which was scheduled.

People's care plans included assessments, which identified risks to the individual. The risk management plans were incorporated into the care plan together with the identified risk and instructions of how to minimise the risks to the person. For example use of bedrails, risk of people developing pressure sores and risk of falls. A relative of a person who was at high risk of falls due to their condition and used bedrails said, "I am confident that this is well managed and risk assessed well to make sure (name) is cared for with the least restriction."

People were given their medicines safely by staff who had received training in the safe management of medicines. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. A medicine management audit was undertaken 2 May 2016. This identified errors that included incomplete records and missing protocols for individuals 'as required' medicine. These were actioned by the registered nurse on the 11 May 2016. The medication administration records were accurate and showed that people had received the correct amount of medicine at the right times.

Requires Improvement

Is the service effective?

Our findings

People said about the service, "It's great, you're looked after.", "They (staff) can't do enough for you." They told us that they were able to see their GP when required and enjoyed the choice of food provided. One person said, "I enjoyed my breakfast, the food is always nice."

On the first day of our visit people on the ground floor were not supported by staff to have the meal of their choice in an organised and attentive manner. This was due to staff supporting people back and forth to the hairdresser during lunchtime. For example, whilst one person received support with their meal the staff member left them three times without giving the person an explanation that they were going to support other people. This had included assisting a person to return from the hairdressers and to support a wheelchair user and two other people entering the dining room.

On the first floor, a similar incident was observed. Eight people were seated in the dining room. Two were asleep in person specific chairs and three were relatives. Staff were attentive, choices were given and where appropriate people were prompted to have their meal. However, thirty minutes had passed before one of the people asleep was offered their meal. In between supporting this person staff cleared tables, returning each time to support the person with a spoonful of food. Forty-five minutes had passed before the second person asleep was woken and offered support to have their meal, which they refused.

People who remained in their room through choice or frailty had also received an inconsistent approach. A person's meal was left in their room for twenty minutes whilst the person was asleep, whilst others received the support they needed. Staff told us that the person had refused their meal.

Staff told us that because the hairdresser had continued to provide a service over the lunchtime period this had a negative impact over the effectiveness of the support people received at lunchtime. The registered manager who was not present on the first day of our inspection said she could not understand why this had taken place as they had previously asked the hairdresser not to provide a service at lunchtime for this reason. The dining experience although rushed and disorganised on day one was a pleasant and calm experience on day two. Staff gave people the amount of support they needed to finish their meals. People were able to take the amount of time they needed and could enjoy their food. The registered manager had taken immediate action to ensure the services of the hairdresser do not coincide with people's lunch on a Wednesday.

People's nutritional needs were assessed by means of a nationally recognised assessment tool. Any individual nutritional requirements were included in their care plans. People were weighed regularly and records were kept to monitor any significant weight loss or gain. A food diary was used for people who were at risk and not sustaining a balanced diet and support of the dietician was sought, as required. A person's relative said, "The food is good, (name) has been losing weight but they have been given (name) fortified drinks." Food was provided in the way that was safest for people to eat. This included soft diets and food cut into small pieces when required.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Examples included referrals to the occupational therapist, dieticians and tissue viability nurses. Staff had up-to-date knowledge of people's current needs and were able to explain how they supported them. A person said, "When she (registered nurse) changed the dressing yesterday, she put a big one on it and wrote on it that it was to stay on for one week. This was because before they were changing the dressing every two days, but it is getting better." We saw from the person's records that they had sustained a pressure sore and other injuries to the skin prior to using the service. The person's records showed that good progress had been made and confirmed the sores were healing. A staff member referred to "recent improvement of records" and of training received from the homecare support team. (This is a team of health care professionals who provide services that includes working with staff to enhance their skills and improve their confidence by building on existing good practice). The staff member stated, "We used to have to fight for the training, but now more is available."

People's needs were met by staff that had access to the training they needed. This had included moving and handling, nutrition and hydration and dementia awareness. Registered nurses were provided with additional training that included care planning and wound care.
Staff we spoke with either had a national vocational qualification or were given the opportunity to work towards a diploma that was appropriate to their role.

Staff had received regular one to one meetings with their line manager to support their development needs. They told us that they worked well as a team and that the registered manager had commenced annual staff appraisals. Regular staff meetings were held and staff felt confident to raise issues for discussion.

The staff team understood and supported people's rights under the Mental Capacity Act 2005 (MCA). 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 so that they can 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 Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager understood and followed the requirements in the DoLS. The service had made seven DoLS applications, which had been authorised. DoLS were reviewed at the prescribed intervals and the paperwork was held on individual's records.

Good

Is the service caring?

Our findings

People said, "I like it here, I am happy." "Respectful towards me, oh yeah, they will do anything you want.", "They are only too glad to help you."

Staff knew people's individual communication skills, abilities and preferences. They respected and encouraged people to do what they wanted to do. For example, they encouraged a person to speak in their first language. We overheard staff asking the person respectfully to phrase English words in Italian. There was a lot of banter and laughter as they enjoyed the exchange of language together. We spoke with the person who said staff, "encouraged them to speak in Italian". They added that this helped them to keep their skill of the language up to date and to speak with their relative on an internet based telephone call system in Italian.

However, when we approached another person to speak with them staff told us that the person was hard of hearing and would not hear us. They confirmed that the person's hearing aid was being repaired. On day two of our visit, we were given the same information from another member of staff. Neither of the staff informed us that if we sat face-to-face with the person, spoke clearly, that the person would understand our questions, which they had done when we spoke with them. The person's care plan clearly stated that this was the correct approach to ensure clear communication with the person. Staff were unable to tell us when the person's hearing aid was due back and were unsure how long it had been in for repair. The registered manager confirmed that the hearing aid had been sent for repair in January 2016. The registered manager stated this had been an oversight and had taken immediate action to resolve the issue.

People's relatives spoke about the staff team and said, "They always make reference to mum when I see them; they do care.", "They care and they do their job; they listen." Other comments included, "His care could not be any better.", "I am comfortable with the care he receives here."

The home was spacious and allowed people to spend time on their own if they wished. People's bedrooms were decorated and personalised with items of their choice. Considerations had been taken to promote people's privacy when alone in their room or alone with their visitors, such as staff knocking on doors before entering.

People were asked for their permission before staff undertook care. Staff were aware of people's needs, likes and dislikes. They addressed people appropriately in a warm and friendly manner and encouraged them to express themselves and make decisions. For example, a hostess (member of staff) was very good at not making decisions for people, but helping them choose. For instance, when offering a person a drink they said, "which flavour would you like, orange, blackcurrant or lemon? Not sure, well you had orange yesterday and you liked that, would you like that again?"

The training staff received included person- centred care, dignity, and respect. They provided a good account of people's needs and were respectful of people's visitors who said, "The care is absolutely wonderful, I couldn't put them on a higher pedestal". Staff training also comprised equality, diversity and

human rights.

The service respected people's choices with regard to end of life care. End of life care plans were being reviewed. These included the introduction of a new care plan 'Last days of Life' which, when in agreement, would replace all other care plans to ensure the persons last wishes were respected.

The service notified us of 30 deaths between 1 April 2015 and date of our inspection. There were no concerns noted from the GP or coroner with regard to the type or number of deaths. Do not attempt cardio pulmonary resuscitation instructions were in place for people, if appropriate. These had been signed by the GP and generally discussed with people, their families and care staff.

Good

Is the service responsive?

Our findings

People told us that staff responded appropriately to their needs and listened to what they had to say. Comments included, "It's quite pleasant here" when referring to the seating areas within the garden. "Yes the staff respond to the call bell quickly, even at night when I thought they would be half asleep." One person told us that they did not use their call bell and would call out if they needed anything. They said, "staff always come, and they pop in to check on me regularly." Another person said, "I've chosen to stay in bed today, I'm fairly independent."

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. Their care plans clearly explained how they would like to receive their care, treatment and support. Comments from people's families included, "They assessed (name) prior to her coming into the home.", "I read the folder each time I visit, but it has only been this year that mum has had reviews.", "They have residents of the day each month when I normally see the nurse to review the care plan."

In each person's room, there was a 'welcome folder' that detailed information about the service and a 'my day, my life' folder. This detailed daily notes made by staff that informed what the person had done that day and about their well-being. Records detailed the administration of topical creams and a body map showed where the cream was to be applied. Activity and interaction logs were kept in this file. These detailed the type of engagement response from the person during activities using face symbols such as a 'smiley face'. For example, an activity recording for one person stated 'neutral' with the comment "(name) sleepy, but sat and listened." Each room has a picture of the person's key worker and named nurse for people to identify with. There was also a picture of the person that detailed, "what (name) likes, about (name) and what is good for (name)". This gave a clear overview of the person's mental health and well-being and of what they needed. One person's record stated that they needed prompting to use their walking frame, which we observed taken place when staff went into the person's room.

We had identified some gaps within the daily monitoring records. For example, there was no detail to inform staff of the correct pressure mattress setting for individuals to promote good pressure care. There were some gaps within daily notes and records of activities. One person's record stated, "needs prompting at meal times". This was contradictory of the person's main care plan. Staff stated, "(name) does not need any support with food". The registered manager told us that the person had needed prompting at one stage, but confirmed the record had not been updated when reviewed.

People's files were being reviewed since the appointment of the registered manager. This was also confirmed in feedback that we received from a local authority quality officer. They told us that they had visited the service on the first day of the registered manager's appointment and recommended the Care Home Support Team to support the staff team. Areas of improvement recommended by the officer included records. The officer told us that, "Care plans, risk assessments lacked detail, and were not all person-centred. Information in daily notes lacked detail including activities, personal care and records of food and fluid intake". The officer also reported considerable improvements when they next visited the service.

People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities, people were able to maintain hobbies and interests, staff provided support as required. A senior activity coordinator was receiving support from a volunteer at the time of our visit. The volunteer came to the home on placement from West Berkshire Council Training Consortium. We were informed this was to promote work experience, particularly for people with a learning disability. On day one of our visit, the morning's activity theme was the Queens 90th birthday in preparation for the care home open day on the 17 June 2016. The afternoon theme was flower arranging to correspond with the Chelsea flower show. The coordinator stated. "We have an allocation list in the afternoon to have a carer appointed to activities due to the number of people who join in on activities". On the second day of our visit, people and their families enjoyed time in the garden. Staff ensured people had sufficient to drink and shade from the sun.

The activity coordinator confirmed that people who remained in their room through choice or frailty, and/or who did not want to join group activities, were provided with one to one activity sessions on alternative days. The activity coordinator stated, "We have some lovely residents who just want to have a chat." The coordinator showed us an 'interaction recording log', used to record whether individuals engaged with the activity. People and their relatives spoke of entertainment provided within the home during the month of May. These included a 12-piece band that they said they had enjoyed. They also spoke of a staff talent show that they described as staff dancing in traditional costume dress from Thailand and ballroom dancing. Pictures of the occasion had been taken and showed people enjoying the event.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been three complaints since our last inspection. These had been investigated thoroughly and people and their relatives were satisfied with their responses.

Good

Is the service well-led?

Our findings

There was a registered manager at the Argyles Care Home who registered with the Care Quality Commission (CQC) on 18 March 2016. The registered manager and deputy manager were both held in high regard by people who use the service, their relatives and staff who described them as open, approachable and supportive.

People had opportunities to feedback their views about the home and quality of the service they received. They told us they felt listened to and felt confident that the registered manager, deputy manager and staff would act in their best interest should they have a concern or complaint.

Comments from people's families included, "(name, in reference to the registered manager) is very good, she's excellent" and added they had no cause to complain. Another person's relative informed us that they had met the manager and were happy with her, as they felt she "knows the residents well". Both relatives told us that they had not attended any meetings, but were aware that one was scheduled.

The deputy manager, who was also the clinical lead, showed commitment and compassion to ensure people's needs were met. The deputy had added a quote on the staff notice board that said, "The residents do not live in our workplace. We work in their home." Other information was easily available for staff to access in the best interest of the people who use the service. This included a 'speak up' policy, details of scheduled training and a list of 10 staff who were the home's first aiders. There were also thank you cards pinned to a 'thanks and staff recognition' board for people, visitors and staff to see. One of the cards stated, "Grandad really enjoyed his time with you. You really made him feel at home." This had contributed to the positive culture of the home where it was evident that the staff team morale had increased since the appointment of the registered manager as they continued to feel valued.

Staff told us that the registered manager and deputy manager supported them to access development opportunities to ensure they were up to date with current best practice. The registered manager was working closely with the care home support team and local authority to ensure staff received the support and training they needed to meet people's individual needs. A local authority quality officer told us that the registered manager had, "inherited a staff team who were very cultured in their way of working and had worked very hard to change attitude/work ethics". The officer added the registered manager was "actively working towards ensuring all staff offered person-centred care".

Overall quality assurance systems were in place to monitor the quality of service being delivered and to promote people's safety. These included audits of people's medicine, infection control, fire safety, staff welfare and audits to monitor and review the care and treatment people received.