Care Quality Commission

Grandcross Limited

Begbrook House Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 27 and 28 January 2015 and was unannounced. There were no concerns at the last inspection of June 2014. Begbrook House provides a service for up to 32 older people. At the time of the inspection there were 30 people living at the service.

There was not a registered manager in post. 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.

Whilst the provider was recruiting a permanent manager the deputy had agreed to carry out the role of interim manager from July 2014. A manager had been appointed in December 2014 however due to unforeseen circumstances they were unable to take up the post.

The provision of interim manager had not been effectively implemented. This was because the deputy

Summary of findings

who had agreed to cover this role had not been given supernumerary hours to accommodate this. This meant they were working 30 hours per week as a nurse in addition to managing the service. Subsequently we found there were areas requiring improvement. This included, staff training and care documentation.

Staff said they had found the last six months “difficult” with the inconsistent management arrangements, however they did feel the interim manager had been “very supportive”. People and relatives were very positive about the staff and said they “provide a very good service” and “do a sterling job”. They felt the lack of a permanent manager had had an impact on communication.

Although there were some safe practices being followed at the service at the time of our inspection there was an ongoing safeguarding investigation by external agencies. This was following a serious incident that took place at the service. They had failed to recognise and identify that a person was at significant risk of serious harm.

Medicines policies and procedures were followed and medicines were managed safely. There were enough staff to meet people's needs and the service recognised where a change in circumstances may require a short term increase in staffing levels. Suitable recruitment procedures ensured staff were safe to work in the service.

Staff did not have the knowledge and skills they needed to carry out their roles effectively. Some training updates had lapsed and not all staff had received training that was relevant to people’s needs. Staff said they felt supported on a day to day basis and received regular formal supervisions.

People were supported to eat and drink sufficient amounts. Where people were at risk of poor nutrition or hydration, measures were in place to monitor this. Arrangements were made for people to access healthcare services.

Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. Although people and staff confirmed care and support was personalised, care plans did not always capture this. Audits in care documentation had already identified where improvements were needed.

We found 5 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We completed this inspection at a time when the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 were in force. However, the regulations changed on 1 April 2015; therefore this is what we have reported on. You can see what action we told the provider to take at the back of the full version of this report.

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?

Inadequate

The service was not safe.

Although staff had received safeguarding training the service did not always recognise when abuse had occurred and had not prevented abuse from happening.

People were supported by enough staff in order to keep them safe.

People's medicines were being managed safely.

People were protected through appropriate recruitment procedures.

Is the service effective?

Requires Improvement

The service was effective but improvements were required.

Staff training was not up to date.

Staff felt supported by the interim manager.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

People were provided with sufficient food and drink and choice was promoted and supported.

The service recognised the importance of seeking expertise from community health and social care professionals so people's health and wellbeing was promoted.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were caring and kind and they wanted people to experience good quality care.

Is the service responsive?

Requires Improvement

The service was responsive but improvements were required.

People did receive care and support that was personalised. However this was not always recorded and records did not accurately reflect people's needs and how they wished to be supported.

People were encouraged to pursue personal interests and hobbies and to join in the activities and events provided.

People were listened to and staff supported them if they had any concerns or were unhappy.

Summary of findings

Is the service well-led?

Inadequate 

The service was not well led.

There was not a registered manager in place.

People did not receive the highest quality care because of the inconsistency of management and leadership.

Where a serious incident had happened, this had been ignored and not taken seriously.

The service had significant shortfalls and there were six breaches of regulations.

Begbrook House 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 27 and 28 January 2015. This was a planned inspection; however we brought the inspection forward due to a serious incident at the service. The inspection was undertaken by one adult social care inspector. Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us.

During our visit we met and spoke with nine people living in the service and three relatives. We spent time with the interim manager and one nurse. We spoke with eight care staff, the chef and housekeeping staff.

We looked at six people's care documentation, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, audits, quality assurance reports and minutes of meetings.

Inadequate

Is the service safe?

Our findings

Unfortunately there had been a serious recent safeguarding incident where action had not been taken to prevent an abuse from happening. This was due to neglect and an act of omission around someone's health care needs. When it was eventually identified that a person had been neglected the service had then not responded appropriately. They had not followed their own safeguarding policy and procedures and those of the local authority safeguarding team.

This was a breach of regulation 11 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2010, (now regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

People told us they felt safe and staff protected them. One person said, "I feel very safe, it's like I have lots of grandchildren looking after me". Care staff, kitchen staff and domestic staff knew what they would do if they suspected someone was being abused. They demonstrated a good level of understanding about what constituted abuse and the processes to follow in order to safeguard people.

Overall people and their relatives felt staff were available when needed. There had been a high level of sickness over the winter months and there were staff vacancies. Comments included, "I don't seem to have to wait very long when I want help", "They are attentive and supportive", "Sometimes it takes a while to find a staff member but they are busy, we expect to wait a little time" and "Things seem to have improved in recent weeks and there has been less agency use".

The interim manager told us about the recent high level of sickness absence and how this had been difficult to accommodate. Permanent staff had "done their very best to cover shifts but equally they needed to rest". On occasions the agencies had not been able to cover shifts due to their own high levels of sickness absence. These were unforeseen circumstances and it was evident that all staff had "rallied round" to help wherever possible. One staff member told us, "We worked as a team and at one stage even the administrator was vacuuming the home".

Staffing levels were reviewed to ensure they were effective and helped ensure people were safe. They were determined by the amount of support people required. Staff confirmed staffing increased on a short term basis should a person require an increased level of support, for example if their health had deteriorated and they required end of life care.

Recruitment and selection processes helped protect people. Checks had been completed before staff commenced employment, including those with the Disclosure and Barring Service (DBS). The DBS helped employers make safer recruitment decisions by providing information if a worker had a criminal record and whether they were previously barred from working with adults.

Policies, procedures, records and practices demonstrated medicines were managed safely. The nurse on duty told us medicines management was "effective" and the systems in place were "easy to implement and follow".

Requires Improvement

Is the service effective?

Our findings

We asked staff about the training. Comments included, "The training has lapsed a little, but what I do attend I enjoy", "The computer based training is not engaging and feels like a tick box exercise to me" and "I would like some training on dementia awareness and end of life care like the other staff". The interim manager told us the effectiveness of the training staff received was not always sought.

Although there was a varied programme of training every year, staff were not up to date. Some staff had not received the provider's mandatory updates including safeguarding, infection control, person centred care documentation and medicines management. One staff member said, "Training is so important, there is always room for improvement and we need to have the skills to support people well".

This was a breach of regulation 23 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2010, (now regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

We asked people if they thought staff had the necessary skills to care for them. Comments included, "I'm not sure about their skills, what I do know is they have common sense and are always willing to look after me", "The nurses will always answer any questions I have", "Yes I think they know what they are doing" and "They are skilled carers".

Staff said they felt supported by the interim manager and nurses on a daily basis. They had continued to receive formal supervisions in the absence of having a permanent manager. Comments included, "I have felt supported and I think the interim manager has done their best" and "It's not been easy but you can't fault the interim manager for helping out when needed, they always help cover shifts and they are very hands on".

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Additional dates had been arranged for those staff that had not completed the training.

Most people had been assessed as having capacity and for those who had limited capacity any decisions made were in their best interests. Family members and GP's were consulted and included in best interest meetings and decisions. People's capacity had been reviewed following a change in the legislation and criteria for making an application under DoLS. The interim manager had submitted DoLS applications for those people who had been assessed as not having capacity. This was to ensure that if there were restrictions on their freedom and liberty, they would receive an assessment by a professional who was trained to determine whether the restriction was needed and in their best interest.

People said they "always had plenty of food" and they "never felt hungry". The food was "good quality and fresh". People were asked what they liked and disliked when they moved in and staff discussed any special dietary requirements. People had been consulted when developing new menus and these reflected seasonal trends and personal choice.

On the first day of our inspection there were two choices on the lunchtime menu, corned beef hash and Mexican cod followed by an apple and raspberry pie. We asked people after lunch if they had enjoyed their meal. Comments included, "The fish was cooked just right, beautifully moist", "Corned beef hash an old fashioned favourite of mine" and "I had a lovely meal thank you, I'm feeling full".

We met with the newly appointed chef who was "passionate" about food. They told us previously there was a lot of frozen produce being used and now this was minimal and used only in emergencies. Meals were freshly prepared each day. Staff were knowledgeable about individual dietary needs and personal preferences.

People chose where they wished to receive their meals. On one of the days we visited many people chose to have lunch in the dining room and they were enjoying the social atmosphere of dining together. Tables were attractively laid with tablecloths, napkins, condiments and flowers.

Staff recognised the importance of maintaining a healthy weight and this was monitored by staff each month. Monitoring of weights would increase to weekly if people were at risk. People's food and fluid intake was monitored and recorded when it was required.

Requires Improvement

Is the service effective?

The interim manager gave us examples of when referrals had been made to specialist advisors when required. This included speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regards people's diet and weights.

Good

Is the service caring?

Our findings

During our inspection people were relaxed and comfortable in their surroundings. There was a positive interaction between people and staff. They were kind and assisted people gently and calmly. People were spending time in the lounges talking with companions or taking part in activities. Some were enjoying time in the privacy of their own rooms and receiving visitors.

We asked people for their views about staff and what they thought staff did well. Many staff were mentioned by name and it was evident that those relationships were positive. Comments included, “They are all good, I do find one or two always go that extra mile”, “Staff have always been welcoming and I see a genuine warmth when they are supporting people” and “They are all lovely and do their best but there are a few that really shine”. One person spoke about how they enjoyed the company of staff and said, “They come to see me when they are on duty and we catch up with all the news. They like the same television programmes as me so we always have a lot to talk about”.

Relatives “liked” the staff and felt “they meant well”. One visitor told us, “I know my relative appreciates the staff. They are always smiling, even when they have had a hectic day”. Other comments included, “The nurses are lovely and contact me if my relative is unwell” and “I like visiting and everyone makes me feel welcome”.

We asked staff what they thought they did well and what they enjoyed about working in the home. Comments included, “I think we work as a team, we do all we can to support each other” and “It’s a lovely peaceful home and people are important to us”. One member of staff said, “I love working here and I would recommend the home to a loved one. I make sure I visit every person when I come on duty just to make them feel special.

People were treated with respect. During our visits we saw people liked to sit in the large open plan reception area. One person told us, “It’s a good place to meet and you can see the world go by, people are visiting all day”. Staff were sitting with these people having conversations and sharing news. There were some particularly kind interactions, some people wanted to hold hands with staff and one person wanted a hug. Staff were happy and comfortable to provide this. One staff member said, “We all need to feel wanted and just a gentle touch means a lot to some people”.

At lunch time those people who could not eat or drink independently were assisted with patience and sensitivity. Assistance was provided at a gentle pace and staff sat at the same level as the person. Staff explained to people what they were eating, they engaged with the person they were assisting throughout the mealtime and offered drinks.

Requires Improvement

Is the service responsive?

Our findings

Although people said they received personalised care and staff knew people well, care records did not always reflect this. Care documentation required improvements. Pre-admission assessments took place for those people who were considering moving into the service. The information gathered was not always complete and did not evidence a thorough assessment had taken place. It did not enable the manager and prospective "resident" to make a decision as to whether the service was suitable and that their needs could be met. The interim manager acknowledged improvements were required.

Although there was information about people's physical and health needs the records did not evidence that people's emotional and social well-being had been considered. This included people's life experiences, interests and hobbies. We could not be satisfied that records were accurate and reflected current needs and care people were receiving.

This was a breach of regulation 20 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2010, (now regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

People told us they expressed their views and were involved in making decisions and personal preferences were respected. One person told us, "I plan my day, it's all very flexible and depends what mood I'm in, what the weather is like and whether family are visiting". Daily routines were flexible within the service. There was evidence that people could get up and go to bed when they liked, had their meals in their bedrooms if they chose, went out when they wished and participated in activities they had a particular interest in.

Most people preferred a balance of enjoying the "peace and quiet" of their own rooms, joining certain activities, receiving visitors and talking with staff. The service offered a range of activities to people both within the home and in the local community. One activity co-ordinator spent 25 hours a week providing arts and crafts, planting, quizzes, group games, exercise classes and one to one support session. Another person visited five hours per week on the same day as the hairdresser and gave "beauty and pamper" treatments to people.

Trips were arranged throughout the year especially in the milder, warmer weather. The service organised celebrations of national or local events. This included Easter bonnet parades, an Ascot ladies day and a strawberries and cream Wimbledon afternoon. One person told us about a recent trip to the Cotswolds when visiting family and another person said they frequently visited the local public house.

We asked people who they would talk to if they were unhappy and what they would do if they had any concerns. Comments included, "I talk to the care staff they always do what they can to help me", "I see the deputy and the nurses throughout the day, its straightforward to have a word with them, I have never needed to make a formal complaint" and "My daughters lovely, we would speak with the deputy together".

People and family members were given a copy of the complaints policy and procedure when they started using the service. The service had recently received two formal complaints from relatives and we had been copied into these and the responses. The complaints had been dealt with promptly and the responses demonstrated an investigation had taken place and an explanation had been formally given to the relatives.

Staff felt confident to deal with "minor issues" and reported other concerns to the nurses or deputy. The service did not keep a record of minor concerns and how they had been resolved. This meant they could not show positive outcomes for people or where they may have changed practice to improve the service.

Inadequate

Is the service well-led?

Our findings

The interim management arrangements have not always been effective. We had serious concerns when the interim manager had failed to recognise that a person had come to significant harm and appropriate action had not been taken. The complexity of the incident was difficult however the interim manager had not been reactive when the incident had been reported to them. They had been proactive when external agencies had raised the alarm.

The management had failed to monitor nurse competency and whether they required updates in health related conditions. This would have ensured they were up to date with current practice and provided clinical treatment when necessary so that people's needs were met safely. The provider had failed to follow their responsibilities as an employer and had not supported effective practice through continuing professional development. Where a lack of competency had recently been identified by external agencies the provider and interim manager had failed to take necessary steps to protect people. In addition to this they failed to support the family connected to the incident effectively and had not been open and transparent with them.

People and relatives felt communication had deteriorated. The interim manager had not been able to lead and carry out management duties because they had been required to work 30 nursing hours per week. They had also been covering additional shifts due to any staff absence. Comments from people and relatives included, "There has always been an open door policy with management arrangements however that doesn't work when we don't have access to a manager on a regular basis" and "We do feel let down, we can't fault nurses, care staff and others, but we need leadership presence".

Although the interim manager had made every effort to continue with the planned meetings that took place some relatives felt the value of these varied. One person said, "I won't apportion blame to anyone in the home but senior management should invest more attention to the home on a temporary basis until the management situation is more stable".

Assessing and monitoring the service was not effective. Although audits of the service had been completed the interim manager did not have the time or resources to be able to take any action where they had identified improvements were required. The audits had identified care documentation needed to reflect a more personalised approach to care. There had been a lack of consistency in monthly monitoring and evaluating care plans. The nurses were responsible for care documentation. The interim manager told us the there was a full time nurse vacancy and this had compromised the monthly updates. This meant we could not be sure the information was up to date with people's needs.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2010, (now regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The interim manager was not always aware when notifications of events should be sent to us; there had been a number of occasions when this had not happened. When we had received notifications, they had not been sent in a timely manner and they didn't always contain enough detail. During the inspection we had to remind the manager they had not notified us of the serious recent incident when someone came to significant harm.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We recommend that the service seek advice and guidance from a reputable source, and undertake a high level review of the management and leadership within the home.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **People were not safeguarded against the risk of abuse because reasonable steps were not taken to identify the possibility of abuse and prevent it before it occurs.** **Regulation 11 (1) (a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **People were not looked after by staff who had not received the appropriate training or support to maintain their professional development.** **Regulation 23 (1) (a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **People were not protected against the risks of unsafe or inappropriate care and treatment because accurate care records were not maintained.** **Regulation 20 (1) (a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The systems in place for monitoring the service were insufficient to ensure people's safety and wellbeing.**

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
	Regulation 10 (1)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents Important events that affect people's welfare, health and safety are not reported so that where needed, action can be taken. Regulation 18 (1) (2) (a) (ii)