Bupa Care Homes (BNH) Limited

# Eastbury Manor Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

This unannounced inspection was carried out on 6 January 2016. Eastbury Manor Nursing Home provides nursing and residential care for people. The service is registered to accommodate up to 30 people. On the day of our inspection 23 people lived at the service. The accommodation is arranged over two floors.

There was no registered manager at the service as they had recently left. The service was being managed by an interim manager from another 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. We were also assisted by the regional manager and quality manager.

There were not always enough staff deployed in the service to consistently meet people's needs. People sometimes waited long periods of time before they received support from staff. There were times where there were less than the required staff needed to care for people safely.

People were not always receiving care from staff who had received appropriate training. There was a risk that people were receiving care from staff who did not have the necessary skills as they were not always kept up to date with the mandatory training including dementia and health and safety training. Nursing staff were not up to date with their clinical training.

Staff were not always supported in their work and said that they did not have regular supervision with their manager. There had been a lack of opportunity for staff and their manager to discuss their performance or any on-going training needs.

Risk assessments detailed the support people needed. We found that the environment was safe and incidents and accidents were recorded and acted upon. Before staff started work appropriate recruitment checks had been undertaken.

People's rights were not always met under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect them from harm. Assessments had not always been completed specific to the decision that needed to be made around people's capacity. DoLS applications had been submitted to the local authority. Other staff did have an understanding of MCAs and DoLS and were able to explain to us the reasons why assessments were undertaken.

Staff at the service were caring and considerate to people. People were complimentary about the staff. One person said " The carers are polite and respectful "

People felt safe and staff had good knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. There were clear policies in place to guide staff should they have any concerns. Medicines were stored appropriately and audits of all medicines took place. Medicines Administrations Records (MARs) charts for people were signed for appropriately and all medicine was administered, stored and disposed of safely by staff who were trained to do so.

Steps were being taken to ensure that each person's care plan was up date and reflected the needs of the person. People received care that met their needs. Communication was shared with staff about people's care needs.

There were sufficient activities on offer for people living at the service and people in their rooms had visits from the activity coordinator.

There were effective systems in place to assess and monitor the quality of the service. Audits and surveys had been undertaken with people, relatives and staff and were being reviewed to look at ways of improving the quality of care for people.

Other records were completed accurately and were complete. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events in a timely way.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

Where people needed to have their food and fluid recorded this was being done appropriately by staff. Intake and output of food and fluid was recorded on forms that were kept in people's rooms.

Nutritional assessments were carried out when people moved into the home which identified if people had specialist dietary needs.

People had access to a range of health care professionals, such as the GP, dietician, nurse and chiropodist. However we did raise with the interim manager the need to involve particular health care professionals for two people which they told us they were addressing.

There was a complaints procedure in place for people to access and complaints were dealt with appropriately.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 was not always safe.

There were not always enough staff deployed at the service to meet people's needs.

Staff were aware of other risks to people and how to manage them.

People received their medicines on time and as prescribed. Medicines were stored appropriately.

People told us they felt safe and staff understood what abuse was and knew how to report it appropriately if they needed to.

Safe recruitment practices were followed that ensured that only appropriate staff were employed.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

People's human rights were at risk because the provider had not followed the requirements of the Mental Capacity Act 2005 and people's capacity assessments were not always completed appropriately.

Staff did not always have the most up to date training to be able to meet people's needs.

Most people had access to healthcare services to maintain good health.

People were provided with nutritious food and drink. People said the food was good. Peoples' weight and nutrition were monitored and all of the people.

### Is the service caring?

**Good**

The service was caring.

People were treated with kindness and compassion and their

dignity was respected.

Where people had expressed preferences around their care, these were supported by staff.

People and relatives said they were involved in the planning of their care.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

There was not always the most up to date information in care plans  however staff understood people's care needs.

There were enough activities that suited people's individual needs.

People knew how to make a complaint and who to complain to.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Staff did not always feel supported.

There were appropriate systems in place to monitor the safety and quality of the service.

Notifications of significant events in the service had been made appropriately to CQC

# Eastbury Manor 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 was an unannounced inspection which took place on the 6 January 2016. The inspection team consisted of two inspectors a specialist nursing advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all the information we had about the service. This included information sent to us by the provider about the staff and the people who used the service. We did not ask the provider to complete 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 through notifications that had been sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we spoke with the interim manager, the regional manager, the quality manager, six people that used the service, two visitors and seven members of staff. After the inspection we spoke with one health care professional and one social care professional. We looked at a five care plans, recruitment files for staff, medicine administration records, supervision records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. We observed care being provided throughout the day including during one meal time.

The last inspection of this service was on the 1 September 2014 where we found our standards were being

met and no concerns were identified.

Requires Improvement

# Is the service safe?

## Our findings

People's needs were not always met because there were not enough staff deployed at the service. People we spoke to told us that they felt there were not enough staff. One person told us "They (the service) are short of staff, don't tell me they have the right number of carers to the number of staff, it doesn't work like that, there are a lot of people with high dependencies here and they need a lot of attention." Another person said "If I ring my bell it can be hour an hour or more anytime night or day, night can be worse." Another person said "If I press my bell they come quickly however yesterday I had to press it four times (before they came)."

There were times during the inspection where it was difficult to find staff as they had to leave the floor they were working on to support staff on other floors. This left some people unsupported in some areas of the service. We spoke to staff who told us that there were not enough of them to support people. One member of staff told us "When we are full capacity we have six carers, quite often we are at less than five carers." The member of staff told us that people's needs had changed and that the staffing levels had not been assessed to address these changing needs. They told us that people's bells would be left longer than they would have liked and people were not always able to get up when they wanted. We saw from a sample of the call bells records that over a three day period there were times where people had to wait over twenty minutes in the morning before their call bell was answered. Another member of staff said "The dependency of people is so high, we don't get time to have breaks" whilst another member of staff said "People get up so late because there is just not enough of us to support people to get up and have their breakfast early, sometimes its 11.30am. We found this to be the case on the day of the inspection.

People had a range of complex health and nursing needs. We asked the interim manager about what tools had been used to assess the dependency of people living at the service to determine the staffing levels. They told us there was not one in place and they had identified this recently. They said they were taking steps to address this as they could not be sure that the right numbers of staff were deployed. Despite being aware of staffing shortfalls, nothing had been put in place to ensure there were enough staff on duty at all times to meet people's needs. On the day of the inspection there were only three members of staff on duty in the afternoon to provide support and care to 30 people. The interim manager said that currently they were working with five members of staff in the morning and four members of staff in the afternoon with one nurse and one deputy manager who was also a nurse. This was not the case on the day of our inspection andThe rotas showed that at other times there were less than the required staff expected to be on duty. This lack of staff had an impact on the care and support people received.

There were not always sufficient numbers of staff deployed around the service to ensure that people's care and treatment needs were being met. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks had been assessed and managed appropriately to keep people safe. This included the management of manual handling where people had mobility problems, nutrition, skin care and personal care. Risk assessments were also in place for identified risks such as malnutrition and choking with clear guidelines on

the action that should be followed by staff. One person was at risk falling, they were provided with a sensor mat and a walking frame to help them. There was clear guidance to staff on these risks and what they needed to do to support this person safely. One member of staff said "One person who is at risk of falls we make sure has 30 minute checks and we record this, when they are walking we always make sure there is a member of staff with them." We confirmed from records that the checks were taking place.

Incidents and accidents had been recorded. Staff told us that if something happened they would inform the senior person on duty, complete an incident form and would also discuss this with staff that were coming on duty. We saw from the analysis of incidents that one person now had a sensory mat to ensure staff were aware when they had got out of bed to try and reduce the number of falls they had.

People would be safe in the event of an emergency because appropriate plans were in place. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and made them safe. There were personal evacuation plans for each person that were updated regularly and a copy was kept in the reception area so that it was easily accessible.

People's medicines were administered and stored safely. One person said that they received their medicine four times a day and at the same time every day. We looked at the medicines management and administration at the service and observed a nurse undertaking the medicines administration round. We saw that people who needed their medicine first were prioritised so that they received it in a timely way. Medicines were stored appropriately and audits of all medicines took place to ensure that there were sufficient quantities. However we did identify that the stock of one of the medicines had been incorrectly recorded. The deputy manager had already addressed this with the member of staff by the end of the inspection.

Medicines were stored securely in a medicine cupboard which was locked and only accessed by staff who had appropriate training. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for appropriately. All medicines were disposed of safely. We did raise with the interim manager that the date of opening had not been written on some people's topical creams which they told us they would address straight away.

People told us they felt safe with the staff. One person said "They (staff) just get on with it and do it, they don't complain." Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff said that they would refer their concerns to the registered manager and if necessary to someone more senior. There was a Safeguarding Adults policy and staff had received training regarding this.

Appropriate checks were carried out on staff to ensure they were suitable to support the people that lived at the service. This included establishing the member of staff's full employment history, references, criminal record checks and evidence of their identity.

Requires Improvement

# Is the service effective?

## Our findings

People's human rights could be affected because the requirements of the MCA and DoLS were not always followed. Staff didn't always understand their responsibilities under the Mental Capacity Act 2005 (MCA), or the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

People were at risk of having decisions made for them without their consent, as appropriate assessments of their mental capacity were not always completed for everyone. There was not enough evidence of mental capacity assessments specific to particular decisions that needed to be made. Where a best interest decision had been recorded there was not always an appropriate assessment in relation to this decision. There was not always enough detail about why it was in someone's best interest to restrict them of their liberty where necessary. For example there were people who had bed rails but there was no capacity assessment around this.

One person was on covert medication (Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the person is unknowingly taking medication.) There was no evidence of a capacity assessment about this or a best interest decision about the person having covert medicine.

The requirements of the MCA were not being followed and DoLS were not applied for where necessary and in someone's best interest. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other staff did have an understanding of consent and were able to explain to us the reasons why assessments were undertaken. Staff gave examples of where they would ask people for consent. For example one member of staff told us that understood the need to establish whether people were able to make decisions for themselves.

People did not always receive care from staff who had the training or support to meet their needs. We asked the interim manager for evidence of staff one to one meetings and appraisals. They told us that one to one meetings with individual staff to discuss their training and development needs were behind and that they were addressing this and had arranged future one to one supervisions with staff A record of one to one meetings showed that 28 staff had not had a one to one meeting with their manager since June 2015 which was also confirmed by staff. Nursing staff's competencies should be assessed regularly to ensure that they are making decisions in line with the latest clinical guidance however we were not provided with any evidence that these had been undertaken. As this was not happening there was a risk that people may not be effectively cared for by staff

There was a risk that staff may not have the most up to date and appropriate guidance. Because staff were

not always kept up to date with the required service mandatory training. We saw from records that only 54% of staff were up to date with food and hygiene training, 62% were up to date with fire safety training and 68% were up to date with safeguarding training. Other updated training that needed to be provided included health and safety and infection control. One member of staff told us "There is not enough training, training needs to be more care orientated." Nurses had not always received up to date clinical training however we were provided evidence that this had been booked. Staff were not always suitably supported and skilled in their role. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff that had an effective induction into the service. Staff said that they would 'Shadow' staff before they provided any care. We saw that all of the new staff had undergone an induction and had shadowed a carer before they started working independently.

People had enough to eat and drink. One person said "I am satisfied with the care, food is very good and everything is going along nicely." Another person said "The food is very good and there is plenty of it" whilst another told us "The food is excellent and they will accommodate your needs."
We saw that people were offered food and drink throughout the day.

People at risk of dehydration or malnutrition had effective systems in place to support them. Where people needed to have their food and fluid recorded this was being done appropriately by staff. Intake and output of food and fluid was recorded on forms that were kept in people's rooms so that staff could easily keep an accurate record of what people had eaten and what they had had to drink. We saw that drinks were within reach for people that were in being cared for in bed. People were weighed regularly, in most cases monthly. If there was a change in someone's weight then this routine would be changed to weekly. If staff had concerns they would raise this with the appropriate health care professional.

The chef had records of some of the people's individuals requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. This information was reviewed weekly by a member of staff and passed to the kitchen. For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These identified if people had any specialist dietary needs.

There were occasions where people were not always supported to remain healthy. One person who was on anti-psychotic medicine had not been referred to the community mental health team to establish whether anti-psychotic medicine was the most appropriate care for them. Another person had not been referred to a Parkinson nurse despite the interim manager telling us that they would benefit from this. They told us that they had difficulty sourcing a local team to assist with this. However people had access to a range of other health care professionals, such as the GP, dietician and chiropodist. The GP visited regularly and people were referred when there were concerns with their health. One person told us "If I want medical treatment I get it quickly." The nurses at the service also worked closely with community nursing teams in relation to wound care.

We recommend that the appropriate health care professionals are contacted in relation to people's specific needs where they have been identified.

Good

# Is the service caring?

## Our findings

Staff at the service were caring. One person told us "The carers are polite and respectful" .Another person told us "The care is centred around me." Another person told us that the staff were "Very nice and work extremely hard."
We observed positive and caring exchanges from staff toward people. One member of staff was overheard asking one person (who was being cared for in bed) whether they felt alright and if they wanted more gravy with their dinner. We heard another carer asking someone if they had enough to eat and whether they wanted more. We saw staff stoop down to speak to people and treating people with dignity and respect. One person was being encouraged to eat their meal by a member of staff. They said "Can you try and eat some for me." We saw that the person responded to this and started to eat independently.

We spoke to staff about how they felt about working at the service. One told us "I enjoy working here, I get to know people, I talk to their families and find out what they like and what their hobbies are." One member of staff told us that one person had never had a bubble bath, she said that she offered the person a bubble bath which they really enjoyed." One member of staff told us that they liked to know what people's interests were so they had something to talk about with them. One person liked fishing and one member of staff bought in a fishing rod for them to use in the pond in the garden.

Staff treated people with dignity and respect. Whilst personal care was being given staff ensured that the person's bedroom door was shut. We saw staff knocked on people's doors and waited for an answer (if appropriate) before they entered. We asked staff how they would ensure privacy and dignity. One member of staff told us "I would make sure I close their door and give them a moment if they need it." Another member of staff told us that they would ask people what they would preferred to be called. They told us that they would never assume that they wanted to be called something as often they may have a 'nickname' that they would prefer to be called. One person preferred to have their door open and light left on at night and staff respected this.

People's decisions around their care were supported by staff. There was some information about people's choices, likes and dislikes and these were detailed. Individual records were kept about people's life histories and were still being worked on for some people. The interim manager told us that all care plans were in the process of being re-written and we saw evidence of this on the day. We saw that people and relatives were involved in the planning of their care.

People were offered choices of where they wanted to sit and where they wanted to eat their meals and where they wanted to spend their time during the day. People were able to personalise their rooms and were encouraged by staff to bring in ornaments and furniture to make them feel comfortable. Family and friends were welcome at the service whenever they wanted to visit.

Requires Improvement

# Is the service responsive?

## Our findings

Some people's care plans did not accurately record their health needs or support needs and had not been updated when people's needs had changed. In addition, some records relating to people's specific and current health needs had been archived without ensuring updated care plans were in place. Although staff could tell us the needs of people, the lack of records meant that people could not be assured that their needs were consistently met at all times. The interim manager told us that they had recognised that care plans needed to be updated. The provider had started to address this and on the day of the inspection there was a consultant assisting the staff to write care plans.
Other care plans we looked at did reflect the needs of people that lived there. This included needs around pressure wound care and skin care plans. Where people had a wound they were provided appropriate care from the staff. There was a description of the wound, a clear photograph and entries regarding how often dressings should be changed. The waterlow score, which is a tool for identifying skin integrity problems, was reviewed monthly. One person was being nursed on a specialised bed and the pressure relieving mattress was set at the correct setting to prevent pressure sores. Detailed pre-assessments of people had been undertaken before people moved in that ensured that their needs could be met.

Daily records compiled by staff detailed the support people received throughout the day. Where a change to someone's needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes. Communication was shared between staff that ensured staff were aware of people's up to date needs. One member of staff told us that they discussed people's needs at handover and any other information that may be important. This related to people being admitted to hospital and what staff were on duty that day. This meant that the person received the correct care from staff.

Activities were available and reflected the needs of people. On the day of the inspection people participated in an exercise activity which they enjoyed. Other activities included music, entertainers, outings and seasonal events. People also had access to televisions, radios and books. The activities coordinator told us that they would make sure that they spent time with people who preferred to stay in their rooms or were unable to attend activities.

There was a complaints procedure in place that people knew how access. One person said "I have no complaints but would speak to staff if I did." We saw copies of complaints that had been responded to appropriately and recorded.

Requires Improvement

# Is the service well-led?

## Our findings

People at the service felt that the home was run well. One told us "The home is very good and they don't mind putting themselves out." Another person told us that they had not realised that there had been a change in management whilst another told us "I would recommend this home to anyone, the nurse is absolutely marvellous and she works all hours and some."

The registered manager had been absent from the service for several months. Staff told us that this had put pressure on the staff and they didn't always feel supported. One member of staff said "Last year was a rough year for us regarding staff and we had no manager, decision making was left to nurses as well as running the floor, things are improving now, hopefully we will have a manager to support staff." Another member of staff said "We (staff) don't feel informed of anything anymore." They told us that they felt supported by the manager before they left. Another member of staff said "We don't feel appreciated, management expect more and more of you and we never get a thank you."

The interim manager told us that they were recruiting for a new manager and that they would provide support to the service along with other senior staff until a new manager was in place. There were regular staff meetings that took place that kept staff informed of any changes in the service. At the most recent meeting in December 2015 matters discussed included communication, recruitment, staff changes, staff sickness and rotas.

Systems were in place to monitor the quality of the service that people received. The interim manager had been working at the service a few weeks prior to the inspection. They had identified areas that required improvement and steps were being taken to address this. There were robust actions plans that were being reviewed regularly to ensure that the work was taking place. A consultant had been brought into the service to review the care plans for people. External health care professionals were being sought to provide additional support for people that had nursing needs.

The regional manager visited the service to complete audits every other month. These audits looked at various aspects of the service including the environment, care plans, policies, and paperwork, training and staffing levels. Where a concern had been identified there were measures in place to set out who was responsible to address them and when this needed to be done. For example it was raised on an audit that care plans needed to be reviewed and this was now being done. Where there had been a lack of audits since the registered manager's absence this was now being addressed. There was a service improvement plan in place to address any shortfalls that had been identified.

People and staff feedback about how to improve the service were obtained. Surveys had been undertaken with people, their relatives and staff. Information from these surveys were currently being reviewed. Staff understood what the purpose of the service was. One member of staff said "I'm here to help look after people who can't always look after themselves."

Services that provide health and social care to people are required to inform the Care Quality Commission

(CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way.

Records relating to people's health and care were stored appropriately. Staff kept daily records for each person that detailed the care they received, the activities they took part in and any issues related to their health or well-being. The outcomes of medical appointments were recorded and any guidance received from healthcare professionals was incorporated in people's care plans.

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<br><br>Treatment of disease, disorder or injury | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The provider had not ensured that people's consent had been gained and their capacity had been assessed. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider had not ensured that people who used services were cared for by sufficient numbers of qualified, competent and experienced staff. |