Bupa Care Homes (CFChomes) Limited

Altham Court Residential and 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

Overall summary

This inspection took place on 6 October 2015 and was unannounced. Altham Court residential and nursing home provides care for older people who have mental and physical health needs. It provides accommodation for up to 48 people who require personal and nursing care. At the time of our inspection there were 44people living at the home.

At the time of our inspection there was 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

On the day of our inspection we found that staff interacted well with people and people were cared for

Summary of findings

safely. People and their relatives told us that they felt safe and well cared for. Staff were able to tell us about how to keep people safe. The provider had systems and processes in place to keep people safe.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to other healthcare professionals such as a dietician and GP and were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were not always sufficient staff to meet people's needs and staff did not consistently respond in a timely manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered.

Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place however staff had not received regular supervision and appraisals.

We saw that staff obtained people's consent before providing care to them. Activities and access to community facilities were provided on a limited basis.

Staff felt able to raise concerns and issues with management. Relatives were clear about the process for raising concerns and were confident that they would be listened to. The complaints process was on display however it was only available in written form so not everyone could access it.

A system was in place to monitor the quality of the service and ensure continuous improvement however some of the issues we found at inspection had not been identified by this system. Regular audits were carried out and action plans put in place to address any issues which were identified.

Accidents and incidents were recorded. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

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?

Requires improvement

The service was not consistently safe.

There were occasions when there were insufficient staff.

Staff were aware of how to keep people safe. People felt safe living at the home.

Medicines were stored safely. Risk assessments were not always completed.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff did not receive regular supervision.

People had their nutritional needs met.

The provider acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People did not have access to a range of activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their care plans.

Is the service well-led?

Requires improvement

The service was not consistently well led.

There were systems and processes in place to check the quality of care and improve the service, however these had not identified the issues raised at the inspection.

Staff felt able to raise concerns.

The registered manager created an environment of openness.

Altham Court Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 October 2015 and was unannounced. The inspection was completed by an inspector 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

Before the inspection, the provider 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 also reviewed information which we held about the home and looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, general manager and a nurse, two members of care staff, six relatives and nine people who used the service. We also looked at four people's care plans and records of staff training, audits and medicines.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home and had confidence in the staff. There was a safe entry system to the home. A person said, "Yes I feel safe. The staff know all about safety and things like that, and health and safety, they have to in order to work here."

Relatives told us that they felt their family member was safe. One relative told us, "Yes my [relative] is certainly safe in here. They are well trained and I have no worries or concerns about their care. I visit every day and see what goes on and it's all good. It's a lovely place, couldn't wish for anything better."

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

People and staff told us that there was usually enough staff to provide safe care to people. However staff said that people's needs were increasing and they were concerned that when planning staff numbers the managers needed to be aware of this. They told us that it was often hard to do any more than the care tasks which meant that people missed out on day to day interactions and chat. The registered manager told us that they hadn't had to use agency staff in order to ensure that there were sufficient staff and that they were able to usually fill vacant shifts with the staff employed by the provider which ensured continuity of care for people. Staffing rotas showed that the required shifts were filled as described by the registered manager. At the time of our inspection the home had vacancy for a nurse at night.

Three people and their relatives told us that staff were not always able to respond to people in a timely manner. They told us that staff would respond to a call bell but not provide the care required because they were often engaged in supporting someone else. They said that this often meant that they waited for care. We observed a person rang for support at 10.50am and were responded to but the member of staff said they would come back to attend to them which they did at 12.30pm. One person said, "They come and switch the call bell off, go away, and take ages to come back again." Another person told us, "They don't always respond very quickly to the buzzer, it varies though. And there's definitely no point pressing the call bell at 8pm when its handover… because no one will come. Sometimes even when they do come… they cancel the buzzer and say 'Just hang on… and I will be back in 5 minutes' and it could be another hour before anyone comes back, it's not good sometimes."

When we spoke with people and staff they told us that although they should have a shower or bath once a week sometimes this didn't happen. Staff told us that they were unable to provide flexibility due to time constraints so that people could have a bath when they wanted. One resident said "Ideally I would like a shower every day, but of course that's not possible."

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

Individual risk assessments were completed and where there were specific risks such as a risk of a person falling these were highlighted to make sure that staff were aware of these and how to support the person to keep them safe. A plan of care was in place and guidance for staff as to how to support the person. Risk assessments were also in place where equipment was used such as bed rails and lap belts.

Accidents and incidents were recorded and investigated to help prevent them happening again. Plans were in place to support people in the event of an emergency such as fire or flood. People had access to call bells throughout the building to ensure they could access help.

We saw that medicines were handled safely. Staff ensured that people were aware of their medicines. We observed that one person preferred their medicines to be left with them and not be observed by staff to ensure that they had taken them, however this was not recorded in the care plan and a risk assessment was not in place. There was a risk that the person did not receive their prescribed medicines. People were asked if they required their PRN medicines. (PRN medicines are medicines which are not required on a

Requires improvement

Is the service safe?

regular basis). Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

We saw that the medication administration records (MARS) had been fully completed according to the provider's policy and guidance. The deputy manager told us that the MARs were audited on a monthly basis and that they were working with staff to encourage them to check stock on a regular basis. We saw from records that people's medicines had been reviewed on a regular basis to ensure that they required the medicines they were being prescribed. We saw in one care record a person had an allergy recorded but this was not reflected on the MARS, the person was at risk of receiving inappropriate medicine.

Requires improvement

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. A relative told us, "I think they are well trained."

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. The home had a nominated person to lead on training and staff told us that this arrangement was effective and meant they were able to keep their skills up to date. Staff also had access to nationally recognised external qualifications. The provider had a centralised system for monitoring training attendance and completion. It was clear who required training and when, to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs.

Staff were also satisfied with the support they received from other staff and the registered manager of the service. We spoke with a member of staff and they told us that they had received an induction which they had found useful. However they also told us that they had not received an appraisal in the last year. Supervision and appraisals had been provided on a regular basis according to the provider's policy until June 2015, following which these had not been carried out regularly. We spoke with the registered manager about this who told us that they were aware that they had fallen behind with these and were trying to address this. Supervisions and appraisals are important for providing support to staff and monitoring their performance to ensure people are receiving appropriate care.

We observed that people were asked for their consent before care was provided. For example we observed a member of staff asking a new person if they could take a photograph of them for the records. Staff were able to tell us what they would do if people refused care. Where people were unable to consent best interest assessments had been carried out and plans put in place to support people with these decisions.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection nobody was subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty.

People who used the service told us that they enjoyed the food at the home. One person said, "The meals are exceptional, they changed recently, but although it's taken away the home cooked thing, they are still very good. They are supposed to be more nutritionally balanced now."

Another person said: "They are lovely meals; always plenty of it and choices for us, they come and ask us the day before what we wold like, the breakfasts are just as good too." Choices were available for people and staff told us if people didn't want the offered meals they were able to provide alternatives. We observed staff asking people what they would like for meals and showing people the meals which were available. The registered manager told us that they had recently changed the menus to incorporate national guidelines but that people still had choices and there was some flexibility to change meals if required. They said that since introducing the new system weight loss had reduced across the homes in the region.

We observed the lunchtime meal. People were provided with specialist equipment according to their needs and napkins and tablecloths were provided. We observed that not everyone had access to a cruet set and people were not able to help themselves to condiments because of this.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks and snacks during the day according to their assessed needs. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. For example, support from district nurses and dieticians. Where people had specific health needs such as, enteral feeding information was available to staff to ensure that they

Requires improvement

Is the service effective?

provided the appropriate care and advice was provided by the dietician. Records showed that when people were ill staff had acted in a timely manner and obtained advice and support from other professionals such as the GP and district nurse.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person said, "It's a wonderful caring place, nothing's too much trouble but they seem short staffed particularly at weekends you don't see as many staff and they don't respond as quickly to the buzzers."

People who received care told us that the staff provided care which met their needs and were very kind to them. A relative told us, "We would like to commend the nursing care [our relative] has had… considering only last January the consultant wanted to amputate [relative's] toe because of the sore on it… [relative] refused to let him, and they have nursed [our relative] so well here that it's cleared up now. Just think… they could have had their toe off by now. They are very good. Do you know we went to visit and inspect 17 (seventeen) nursing and care homes before we chose this one, that says something doesn't it?"

People were involved in deciding how their care was provided. We observed that all the staff were aware of respecting people's needs and wishes. For example, one person's record stated that a person liked the light out during the night and the door closed.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. One person wanted to go to the shop to purchase a number of items but had recently suffered a fall. We observed staff explaining to them that this may not be a good idea and why and they offered to arrange for a member of staff to obtain the items for them or for them to go later in the day with the support of a member of staff. Another person told a member of staff that they were hungry and they were offered a snack. When administering care, staff explained to people what they needed to do to assist and what they were going to do to provide support.

During our inspection a person was admitted to the home and we observed staff greeted them in a welcoming manner and spent time explaining about the home. When providing support to people staff sat with them at their own level and communicated with them. For example when staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were alright and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We observed a person was assisted by a member of staff to change their jumper because they were feeling too hot. The care worker was kind, polite and courteous and they seemed to have a good rapport with each other. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

The service had five double rooms however they were only using two as doubles and these were for married couples. The registered manager told us that one of the couples also had a bedroom set aside as a sitting room in order to give them more space and privacy.

People could choose where they spent their time in the service. There was a variety of communal lounges and people also had their own bedrooms. We saw that people had been encouraged to bring in their own items to personalise them. For example two people we saw had pet birds in their rooms.

Requires improvement

Is the service responsive?

Our findings

The provider had a member of staff in post who was responsible for organising activities. However during our inspection we observed that few people were involved in activities either on a group or an individual basis. People told us that the activities coordinator popped in to their rooms but there were not a lot of activities. We saw that a lot of people remained in their rooms and as a consequence there was little social interaction taking place. One person told us, "This is not the sort of place where you sit in the communal areas, we tend to stay in our rooms." Two people we spoke with told us that they did get bored but did not know what activities were available. People did not have access to leisure pursuits on a regular basis despite their records detailing what activities people had previously enjoyed.

Relatives and people who used the service told us that they were aware of their care plan. People's care records detailed people's past life experiences in order to help inform staff about people's interests. For example a person liked to visit the hairdresser that they had gone to before moving to the home and this was detailed and facilitated. We looked at care records for four people who lived at the home. Care records included risk assessments and personal care support plans which detailed how people liked to receive their care. For example one record explained how to support a person to move. The record said, that the perso required careful positioning in the sling and using two staff at all times. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care.

The registered manager told us that the provider was in the process of changing the care records so that they were focussed around the people who used the service. We saw that the new documentation contained information about the key elements that people required to provide support and care to them. These were at the front of the records so that staff could easily identify how to care for people.

Care plans had been reviewed and updated with people who used the service. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment was required to ensure staff were able to respond to people's changing needs. One person was unable to communicate verbally and the record explained how staff should communicate with them. The record said, "Unable to communicate verbally, usually tries to indicate to items with their eyes and raise their left index finger for yes."

Where people's needs had changed care plans reflected this and identified what care the person required. Where people required specific support on a short term basis for example due to an infection care plans were in place. Staff told us that they had daily handovers which ensured that they were aware of any changes to people's care needs. Handovers were also used to inform staff about what had happened to people on the previous shift and their health and wellbeing.

A complaints policy and procedure was in place and on display in the entrance area. Information packs which included complaints leaflets were available in people's bedrooms. Relatives and people who lived at the home were aware of how to make a complaint if they needed to. The complaints procedure was only available in a written format which meant not everyone may be able to access it. However, people told us that they would know how to complain if they needed to. Complaints were monitored centrally for themes and learning. The provider had received three complaints since January 2015 and these had been resolved. For example one person had knocked their call bell off their bedside table and been unable to contact staff. As a result they had been given a call bell which was on a pendant so that they could easily get assistance.

Requires improvement

Is the service well-led?

Our findings

The provider has systems and processes in place to ensure the delivery of a quality service within the home. There was an internal audit system in place to check the current service and drive improvements forward. The internal audit process included audits carried out locally by the registered manager and nurses. This was monitored centrally by the provider and compared across their homes to ensure quality of care. However the audit process had not picked up of the issues we identified at our inspection, for example an inaccurate allergy record and lack of response to call bells.

Staff were aware of their roles and who they were accountable to. Members of staff and others told us that the registered manager and other senior staff were approachable and supportive. One member of staff said, "I feel able to raise issues with the management if I need to." Staff told us that staff meetings were held on a regular basis and if there were specific issues which needed discussing additional meetings would be arranged. However the provider had not ensured that people received appraisals in order to provide regular monitoring and support of staff.

Relatives' meetings were held on a quarterly basis and relatives told us that they would be happy to raise any concerns they had. A relative said that they would go to the registered manager and were confident that they would sort it out quickly. Another said, "There is an open policy and honesty." The provider had recently launched a resident involvement strategy to ensure that people that used the service received priority with regard to influencing the service. Surveys had been carried out with people and their relatives and positive responses received. The registered manager also told us that she encouraged people and staff to come and speak with her at any time and that she had an 'open door' policy. Records showed that discussions had taken place with relatives as part of an ongoing dialogue. For example we saw one record recorded, "Happy with [relative's] health and care."

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

We observed that the registered manager had a good knowledge of the people who used the service and the staff. The registered manager told us that they regularly spent time out of the office in the main areas of the service so that they were aware of what was happening and be available to people for support and advice, staff confirmed this. They told us that the registered manager and other senior staff were very visible in the home. however the registered manager was unaware of the issues relating to perceived staff shortages and people waiting for care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.