Care Quality Commission

Bupa Care Homes (ANS) Limited

Fieldway Nursing and Residential Centre

Inspection report

40 Tramway Path
Mitcham
CR4 4SJ

Tel: 020 8648 3435
Website: www.example.com

Date of inspection visit: 12 May 2015
Date of publication: 07/07/2015

Ratings

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

Overall summary

This inspection took place on the 12 May 2015 and was unannounced.

At our last inspection of the service on 9 September 2014 we found the service had breached one area of its legal requirements. It related to the management of medicines. Not all staff administering medicines had completed the required training. In addition, the application of external creams was not always being recorded. This could have affected the safety and wellbeing of people living at the home. At this inspection we found improvements had been made and the service was now meeting its legal requirements.

Summary of findings

Fieldway Nursing and Residential Centre is a care home that provides accommodation, nursing and personal care for up to 68 older people. At the time of our inspection 63 people were resident at the home, some of whom were also living with dementia.

Fieldway is a purpose built care home with accommodation over two floors. All bedrooms are single with ensuite facilities. There is a garden to the rear of the property which is wheelchair accessible and there is also a passenger lift. At the time of our inspection, the home was undergoing a major refurbishment, all the bedrooms had been completed and work was being undertaken in the communal areas.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has not had a registered manager in post since May 2014. We have talked with the provider who had recruited a manager who was in post for a number of months but was never registered and subsequently left . Currently the deputy manager, who is well known to the people at the home and their relatives, is in an acting position. We are following this up separately with the provider and will take action where required so they make the necessary arrangements to ensure the service has a registered manager in place as soon as possible.

People told us staff were caring and kind. One person told us, "I'm lucky to have found this place." Other comments included, "They make a fuss of my husband and I can visit when I want. They really make me feel welcome, lovely atmosphere, homely." Another person said, "My wife's only been here a month, but the staff are so kind." Our observations supported the positive view people had about Fieldway.

People's needs were well documented in their care plans which were specific to them. These documents were reviewed regularly and updated as necessary. Staff knew how to maintain people's privacy and dignity when providing personal care.

People were supported and encouraged to maintain social relationships. There were no restrictions on visiting and friends and relatives were made to feel welcome. The home offered a range of activities for people to participate in if they wished, thereby reducing the risk of social isolation.

Staff had been trained in safeguarding adults at risk and knew what signs and symptoms to look out for and how to escalate any concerns they might have. Risks to people's health and wellbeing were assessed regularly so they could be managed, whilst not unduly restricting people's independence. Accidents and incidents were monitored, and action taken to minimise a reoccurrence.

The provider ensured there were sufficient staff on duty who had been appropriately recruited to meet people's needs. Staff were trained in their roles and responsibilities to make sure the care they were providing was safe and in line with best practice. Training was refreshed regularly.

People were supported to maintain good health by having access to healthcare professionals as and when they required them. Healthcare professionals were positive about the relationship they had with the service. People received their medicines safely. People were supported to eat and drink sufficiently to maintain good health.

The acting manager and staff we spoke with were aware of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS is a process to make sure people are only deprived of their liberty in a safe and correct way, when it is in their best interests to do so. The acting manager knew when an application was required and how to submit one. People were asked their consent to care and treatment whenever possible.

There was an open and transparent culture within the home. People were positive about the acting manager. People who used the service and staff told us they felt they could raise issues with the acting manager and these would be listened to and acted upon. There were various mechanisms for people to express their views about the service.

There were systems in place to monitor the safety and quality of the service. Where shortfalls had been identified actions had been taken to rectify the issues.

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?

Good

The service was safe. People told us they felt safe. There were enough staff on duty to make sure people's needs were met. The provider ensured recruitment checks had been undertaken so that only suitable staff were employed.

Staff had been trained and knew what to do if they suspected anyone was at risk of abuse.

Assessments of risk to people were in place and there were plans to manage these risks. Accidents and incidents were recorded and action taken to minimise the risk of a reoccurrence.

Medicines were stored and administered correctly. There were records in place to make sure people received their medicines when they should.

Is the service effective?

Good

The service was effective. There was major refurbishment taking place, but the provider had measures in place to minimise the inconvenience and disruption caused to people.

The provider met the requirements of the Mental Capacity 2005 to make sure people's rights were protected. People were asked their consent before care was provided.

Staff were trained so people received the care they needed in line with current and best practice.

People were supported to maintain good health. This included arrangements made by the provider to ensure people had access to healthcare professionals and good nutrition.

Is the service caring?

Good

The service was caring. People were positive about the care they received.

People told us and we observed that care was provided to people with dignity and respect.

Relatives felt staff were welcoming and they could visit without restrictions.

Is the service responsive?

Good

The service was responsive. People received care that was tailored to their individual needs. The care they received was written down and reviewed so that it was up to date and consistently met their needs.

People were offered a choice of recreational activities that people could participate in if they wished to.

Summary of findings

People knew how to make a complaint if they were not happy with the service they were receiving. They felt their views would be listened to and acted upon.

Is the service well-led?

Requires improvement

The service was not always well led. The service did not have a registered manager in post to provide consistent and stable leadership and management to the service and to meet legal requirements.

People felt supported by the acting manager. Staff felt they could raise issues relating to their work. Relatives felt the acting manager listened to their concerns and acted accordingly.

There were systems in place for the monitoring and auditing of various aspects of the service to ensure there was continuous improvements.

The provider ensured they informed CQC of significant events that occurred in the home in line with their legal requirements.

Fieldway Nursing and Residential Centre

Detailed findings

Background to this inspection

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

This inspection took place on the 12 May 2015 and was unannounced. The inspection team comprised of two inspectors 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 older persons care. We also took advice from a Care Quality Commission pharmacist.

During the inspection we spoke with ten people who used the service and six relatives. We also spoke with five members of staff and in addition the acting manager and other staff who were part of the BUPA management team for the area. We looked at care records for seven people living at the home and four recruitment records for staff. We reviewed how medicines were managed. We checked other records which related to how the service was managed; this included staff training records.

We used our Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us.

After the inspection we spoke with two healthcare professionals, a GP and a dietician. We also spoke with the local authority quality assurance team.

Good

Is the service safe?

Our findings

People told us they thought the service was safe. Some specific comments we received in response to the question were, “Definitely” and “Yes, always someone about”.

The provider had arrangements to help protect people from harm. Staff we spoke with knew what they had to do if they considered adults were at risk from harm and the process they were required to follow. Staff could describe the possible signs and symptoms of abuse. A member of staff told us, “I would feel confident going to my manager if I had a safeguarding concern.” We saw that staff had received safeguarding adults at risk training and this was supported by the provider’s policies and procedures. Training was refreshed regularly and discussed at team meetings. Our records showed the home had taken appropriate action when they considered people within the service were at risk and this had been promptly reported to the local authority and the CQC as required by legislation.

We looked at recruitment records and found appropriate recruitment checks had been completed regarding staff’s suitability for employment. These included completed application forms, notes from interview, references, proof of identity and criminal record checks.

We looked at staffing levels to make sure there were enough staff on duty to meet people’s needs. There were mixed views from people about this. The majority of people who used the service and their relatives told us there were enough staff. For example one person told us, “They are very quick to answer the call bells.” We also observed there were two registered nurses and seven carers in the mornings for 33 people on the ground floor, with a similar number on the first floor. However one relative told us, “Always short staffed”, whilst another relative said, “Sometimes they [staff] are run ragged.” We discussed this with the acting manager who told us staffing levels were constantly reviewed dependent upon people’s needs. The provider contacted home managers on a weekly basis, to ensure that any shortfalls in staffing could be covered by the providers’ own bank staff. During our inspection we did not see any evidence of people having to wait for support. We observed staff were able to escort people around the building, and to attend to people in an unhurried and professional way. There were also a number of support staff such as domestic and maintenance staff who engaged and talked with people throughout the day.

The provider had introduced a ‘new format’ for care plans and the home was in the process of transferring information from the previous format. We looked at some care plans from the previous format as well as some in the ‘new’ style. All the care plans had individualised risk assessments. For the ‘new’ style for example, the section titled ‘moving around’ had risk assessments for bedside rails, the prevention of falls and a falls diary and a moving and handling assessment. The risk assessments were kept up to date and reviewed regularly. In this way potential difficulties could be identified earlier to minimise risks in relation to falls.

We saw where risks to people had been identified, there were systems in place to monitor the management of risks to make sure care continued to be appropriate and relevant. For example one person had become less mobile so there was a risk assessment in place to make sure pressure sores did not develop. We saw staff had received training on how to assess risks.

Accidents and incidents were recorded and analysed for trends and patterns to see if they could be prevented in the future. The acting manager told us as a result of two people having falls, the Falls Prevention Officer was visiting the service later on that day to discuss what further action or support people needed.

People’s medicines were managed so they received them safely. We saw medicines were stored appropriately within a medicines room and moved around the home in a trolley when necessary. There was a refrigerator for medicines which required storage at cooler temperatures. Regular checks were undertaken to ensure the temperature was maintained within safe parameters. We saw there was separate storage and records for controlled medicines.

We checked the medicines stock and the Medicines Administration Records (MAR). There were no gaps in the records and these were consistent with the amount of medicines stored. Medicines for external use were stored in people’s bedrooms. Records were completed every time creams were applied.

The records we checked showed only staff that had received training, administered medicines. This training was refreshed annually. In addition, we saw the service

Good

Is the service safe?

completed an annual assessment of staff and their competency to continue administering medicines. In this way the provider was ensuring people received their medicines safely and correctly.

Good

Is the service effective?

Our findings

On the day of our inspection, Fieldway was in the process of a major refurbishment. All the bedrooms had been redecorated and work had started on the communal areas. The aim of the refurbishment was to update the décor of the home and to make it more suitable for people living with dementia. Changes had included colour contrast between doors and walls, and pictures and photographs of 1930's and 40's film stars that should be familiar to the age group living in the home. The acting manager told us that disruption had been minimised by the use of unoccupied bedrooms which had been used to move people into temporarily. People we spoke with were positive about the redecoration and although inconvenienced people felt the home had managed to keep disruption to a minimum.

We observed and saw records that showed people were asked their consent before support was offered. For example during our SOFI observation we saw staff asked people if they wanted to wear a protective apron and if they wanted assistance with eating their meal. Staff waited for a response from the person before the proceeded. People's consent to aspects of their care had been recorded in their care plans such as consent for other people to access their records. Where people were unable to give consent, relatives and other representatives had been consulted so that decisions could be made to reflect people's known preferences and in their best interests.

The law requires CQC to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe way when it is in their best interests. The provider had ensured that DoLS applications had been made to the local authority when necessary. Staff we spoke with told us about the training they had received and showed they understood the principles and the impact on their work.

We looked at the support given by the provider to new and existing staff to ensure people received care that was based on best practice. New staff as part of their induction had to shadow a more experienced worker for two weeks before being able to work on their own. There was also a six month probationary period during which staff had to undertake specific training. Staff told us about the on-going training they received including manual handling, safeguarding adults at risk, first aid, infection control and mental capacity. There was also specialist training available such as palliative care and healthy living training. The provider ensured training was completed and refreshed regularly. In addition there was a training manager based within the home who conducted an analysis of the overall training needs within the home for monitoring purposes, but also to inform future training needs.

Staff told us and records showed staff were supported to undertake their responsibilities through supervision sessions with their line manager and annual appraisals. In this way, the provider was ensuring people received effective care from staff who were well supported and who were up to date with best practice.

People were encouraged and supported to have sufficient to eat and drink and to maintain a balanced diet. A relative told us "Mum has got on very well since she's been here, put on weight and is quite happy." We saw staff took time to encourage and assist people to eat their meals, gently coaxing people to eat sufficient amounts. People were offered hot and cold drinks throughout the day, and jugs of water or squash were available in their rooms for people to help themselves. People's nutritional needs had been assessed and recorded. People's weight was monitored monthly and more frequently if required. Where people's weight had changed significantly action had been taken so they were referred to the appropriate healthcare professional.

People had access to healthcare professionals so that as far as possible their health was maintained. The acting manager told us the majority of people were registered with a local GP who visited weekly and more often if required. People who used the service were aware of the GP visiting weekly, and of regular six weekly chiropodist visits. The healthcare professionals we spoke with were positive about the service and said that staff worked with them in the interests of people.

Good

Is the service caring?

Our findings

We received positive comments about the service. One relative told us they had written to the provider saying how pleased they were at the care their relative was receiving. Another relative, said "Staff show people kindness, especially [three members of staff named] and you can talk to anyone about anything." A number of people who used the service said "Very nice staff." We heard staff use phrases such as "Take your time" and "Are you ready?" During the inspection we observed a situation, in which two people became agitated with each other. Staff patiently and quietly calmed the situation and reassured the people involved.

Staff listened to people and responded to their requests accordingly. We saw someone who was concerned about their appearance, so a member of staff returned to the person's bedroom to get them their comb before taking them to the lounge. We also saw a member of staff engaged in assisting someone who wanted an apron on, but did not want it to be fastened. The member of staff took time to make sure they had got it just as the person wanted it.

Whilst the majority of people were positive about the service and felt that it was caring, we did receive some negative comments about the service from two relatives. The relatives had already raised their concerns with the acting manager. We followed up their concerns with the acting manager and felt the concerns had been acted on appropriately.

People told us their privacy and dignity was respected. A relative said, "They respect my husband's privacy as much as they can." Staff were knowledgeable about the people they were caring for and how best to support them. They knew people's names and how they wished to be addressed. Staff told us what they did to ensure people's privacy and dignity. This included knocking on bedroom doors and seeking permission before entering and keeping doors and curtains closed prior to providing any personal care.

Relatives spoke about how welcoming the home was, and how they could visit without restriction. One relative said, "Can visit 24/7. Definitely made to feel welcome" and someone else said "Can visit when I want. Staff always make me feel welcome." Some relatives visited very often and for long periods. The home accommodated this, and encouraged relatives to be involved in people's care if they wished to.

There was little information available for friends and relatives in the communal areas about the day to day activities within the home. We noted that despite there being a poster on the front door of the building many relatives were unaware of a forthcoming residents and relatives meeting to be held the week of the inspection. However, relatives we spoke with still felt they were informed about events in the home through conversations they had with staff and the acting manager.

Good

Is the service responsive?

Our findings

People we spoke with said they were treated as individuals and could make decisions about the care they wished to receive. One person said, “Get up when I want, go to bed when I want.” Someone who had not been in the home for very long said, “I go to the TV room when I want or go for walk to the garden to have a ciggie.”

The acting manager told us they talked to people about their individual needs before they moved into the home. We saw evidence that assessments had been completed with detailed and clear information about people’s needs regarding their health and personal care. The assessment document was then translated into care plans for each person. We sampled some of the old style and some of the new format of care plans. We saw the new format focused more on the person as an individual, for example, there was a section entitled ‘my day, my life, my story’ where people were encouraged to talk about their personal life experiences. The care plans were regularly reviewed and had been updated when someone’s needs changed.

Most people we spoke with were unclear about the content of their care plan, although the document had been written with them. Relatives were more aware of the content of the care plan. One relative told us “I’ve seen his [relative’s] care plan. They have done all they can” and someone else told us, “They discuss her [relative’s] care and notify me of any changes.” Relatives told us they were invited to annual care review meetings which could be held more regularly if required and were kept informed when there were changes in their family member’s needs.

There was a programme of organised activities which people could get involved in if they wished. Many people we spoke with preferred to stay in their rooms and watch TV. The home employed two activities coordinators who covered seven days a week. There was a range of activities which included outside entertainers coming into the home. There was also a timetable of activities which included manicures, bingo, arts and crafts and elder dance.

People we spoke with knew how to make a complaint and felt they would be listened to if they had any concerns. People who used the service were asked if they had made any complaints and who would they go to. No one had made a complaint but all mentioned they would talk to the manager; Relatives said they would talk to the acting manager. The provider had a complaints policy which outlined the process and timescales to respond to the complaints when these were made. The service kept records which showed complaints were dealt with in a timely and appropriate manner.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection, the service did not have a registered manager in post although it is required by law to have one. The last registered manager left in May 2014. The provider was therefore breaching its conditions of registration. We are following this up separately with the provider and will take action where required so they make the necessary arrangements to ensure the service has a registered manager in post as soon as possible.

The current acting manager was previously the deputy at the service and was well known to people. Everyone spoke positively about the acting manager. Some of the comments we received were "She's wonderful, a round peg in a round hole." Another said, "Would like [manager's name] to be the manager as she's so good." Another person went onto to say, "[manager's name] – without her not sure it would be as good."

Relatives told us they felt the service was well managed. They felt comfortable raising issues with the acting manager and thought their concerns were listened to and acted upon. We observed a number of relatives approaching the acting manager with various issues who made themselves available to people. All the staff we spoke with were also positive about the acting manager. They told us they were open, approachable and inclusive, and they felt they could raise issues with them directly and they would be listened to.

Staff were aware of their roles and responsibilities within the home. During the on-going refurbishment the acting manager and staff commented on how they had to work as a team to get tasks completed whilst maintaining the quality of the care provided to people. One member of staff said, "We've all had to pitch in and do what needed to be done." Staff told us they had been updated and kept informed of events so they felt they were working towards the same goals for people.

The provider had a system of audits and checks on aspects of the care to make sure people received good quality care. The acting manager completed a monthly audit of infection control and care plans. Medicines were audited weekly by registered nurses, but this was followed up with a monthly audit by the acting manager. We also saw that the acting manager had to complete a monthly quality matrix which highlighted areas the service were required to focus on.

The provider had a quality assurance regional manager who visited the service on a monthly basis. Following the visit the quality assurance manager compiled an action plan, copies of which were available for us to view. The document outlined areas that required improvement and timescales of when they needed to be achieved.

The acting manager regularly reviewed any incidents, these were then monitored centrally and analysed by a quality assurance regional manager to identify any learning that could help to improve practice across the provider's care homes.

We saw the home held a 'residents and relatives' meeting every six months, which was a further opportunity for people to express their views of the service. Although we did recognise that people were not always aware of these meetings. An annual survey was also sent directly to relatives and other stakeholders from the providers' head office. Responses to surveys had been analysed and an action plan devised to address certain areas for improvement.

The acting manager was aware of their responsibilities and had notified the CQC of significant events that had taken place within the service, in line with legal requirements. The acting manager worked alongside other health and social care colleagues to ensure people received care that was safe and in their best interests.

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.