

Bupa Care Homes (CFHCare) Limited

Waverley Grange Nursing and Residential 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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection was carried out on 9 July 2015. Waverley Grange Nursing and Residential Home provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 52 people. The home provides 22 beds for people who require residential care and 26 beds for people who require nursing care. The accommodation is arranged in four units across the two floors of the home. There is a residential unit on the ground floor and a and a nursing

unit on the first floor. The service also provides end of life care to people with the support of the local palliative care service. On the day of our visit 48 people lived at the service.

On the day of our visit there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Although there were enough staff at the service they were not always deployed effectively. This meant that people did not always get the care in a timely way.

Staff had knowledge of safeguarding procedures and what to do if they suspected abuse. The service had policies in relation to safeguarding.

Medicines were stored appropriately and audits of all medicines took place. People told us that their medicines were reviewed regularly.

Risk assessments were in place for people to reduce the risk of any harm coming to them. This included the risk of pressure sores and the risk of someone falling. The environment was set up to keep people safe. The building was secured with key codes to internal doors and external doors.

Staff recruitment files contained a check list of documents that had been obtained before each person started work that helped to ensure that only suitable people worked at the service.

Nurses clinical training was not always up to date and staff clinical knowledge was not always as detailed as it should have been. All other service required training was up to date for staff including moving and handling and infection control.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). This aims to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We saw that where people's liberty may have been restricted not all applications had been submitted to the local authority. Staff did not always have a good understanding of the Mental Capacity Act 2005 (MCA) and DoLS.

We saw that staff ensure that they gained consent from people before they provided care.

People's nutritional and hydration needs were being met. People said that they liked the food. We saw that there was plenty of food and drink available for people.

People had access to a range of health care professionals, such as the GP, opticians, community dentist, physiotherapist and the palliative care team from the local hospice.

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.

People and relatives felt that staff were kind and caring and that they provided them with dignity and respect. Comments included, "All the nursing assistants are extremely good" and, "The staff are considerate, they knock on my door before coming in and respect my dignity"

A record of how complaints had been resolved was always recorded. There was a complaints procedure in place for people to access. One relative said, "I would go to the manager with complaints. In the past when I've raised things I'm satisfied with the way it has been dealt with."

Appropriate information was not always provided to staff to ensure that people's care was being given based on their needs. Staff did not always understand what care needed to be given. Care plans did not always have the most up to date information about people.

People were happy with the activities that were on offer. One person said, "I love it, I don't get bored, we have quizzes, flower making, we have a cinema here, we do day trips, there are entertainers and we have school children coming in to see us." We saw a variety of activities on offer both inside and outside of the service.

People, relatives and staff told us that they were well supported by the registered manager. All the staff said they would be confident to speak to the registered manager if they had any concerns.

The quality of the service was reviewed in a variety of different ways. Surveys were completed with people and staff and improvements were made to the service as a result.

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.

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?

The service was not always safe.

There were not always enough qualified and skilled staff deployed around the service to meet people's needs.

Staff knew about risks to people and managed them. People were receiving all of their medicines as prescribed.

Staff were recruited appropriately. Staff understood what abuse was and knew how to report abuse if required.

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not always have a good understanding of the Mental Capacity Act 2005 and Deprivations of People's Liberty and people's capacity assessments were not always completed.

Although staff felt supported, clinical staff had not always received up to date training.

People were supported to make choices about food and said the food was good.

Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

Requires improvement



Is the service caring?

The service was not always caring.

People were not always treated with kindness and compassion and their dignity was not always respected.

People were able to express their opinions about the service and were involved in the decisions about their care.

Requires improvement



Is the service responsive?

The service was not always responsive.

There was not always detailed care plans based on the needs of people.

There were activities that suited everybody's individual needs.

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

Requires improvement



Is the service well-led?

The service was not always well-led.

Requires improvement



Summary of findings

People and staff thought the registered manager was supportive and they could go to them with any concerns. However there was not always obvious leadership in other areas of the service.

The culture of the service was supportive.

There were appropriate systems in place that monitored the safety and quality of the service.

Where people's views were gained this used to improve the quality of the service.

Waverley Grange Nursing and Residential 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 9 July 2015. The inspection team consisted of two inspectors, a nursing specialist and an expert by experience in care for older people. 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 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. 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.

During and after our inspection we spoke with the registered manager, the deputy manager, 12 people, 17 visitors, 22 members of staff and three health and social care professionals. We looked at a five care plans, recruitment files for staff, audits of the service, medicine administration records, supervision and one to one records for staff, and mental capacity assessments for people. 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 some care being provided during the inspection.

The last inspection of this home was on the 16 December 2013 where we found our standards were being met and no concerns were identified.

Is the service safe?

Our findings

People said that they felt safe. One person said, “I feel 100% safe, I’m never concerned about staff.” Relatives felt their family members were safe with the staff that looked after them. One relative told us that they don’t worry about their family member when they leave to go home.

People and relatives said that there were enough staff. One relative said, “Staff are run ragged but they always give 100% and there isn’t an impact to (my family member).”

Whilst there were enough staff at the service they were not always deployed in a way that met people’s needs. On the nursing floor there were three nurses on duty. Only one nurse was carrying out the medicines round on both sides of the building which meant that it took them three hours to complete. We were told after the inspection that one nurse was new to the service and was shadowing another nurse on duty during the medicines round which is why it took longer than normal. We saw that during lunch time people in their rooms were not being supported to eat in a timely way. The meals were served from 12.30 however some people were provided their dessert as late as 14.00.

We saw from the rotas that there was always the correct numbers of staff on duty, where there was a gap the registered manager would call upon agency staff. On the day of the inspection we saw that there were enough staff and staff that we spoke with felt that this was the case. The registered manager told us that there was a service dependency tool however on the day of the inspection this had not been completed. They provided this to us soon after the inspection.

We recommend that the registered manager reviews how the staff are deployed particularly in relation to the administration of medicines and at meal times.

Staff had knowledge of safeguarding adult’s procedures and what to do if they suspected any type of abuse. Staff said that they would feel comfortable referring any concerns they had to the registered? manager and senior staff or the local authority if needed. One member of staff said, “I’ve never seen anything happen but if I did I would report it.” There was a safeguarding adults policy and staff had received training regarding this. There were flowcharts in the offices on each floor to guide staff and people about what they needed to do if they suspected abuse.

Staff used a ‘safeguarding alert’ tracker which kept information about any safeguarding alerts that had been raised in one file to ensure they kept up to date on the progress of any investigation.

People said they understood what medicines they were receiving. One told us that they (staff) constantly reviewed their medicines.

Medicines were stored appropriately and audits of all medicines took place. The medicine rooms were kept locked and air conditioned to ensure they were kept at an appropriate temperature. Only appropriate people were able to access the rooms. Each room was tidy and contained sharps disposal bin and a yellow collection container for unused medications. We looked at the medicines administrations records (MARS) charts for people and found that administered medicine had been signed for. All medicine was stored, administered and disposed of safely. There was information and an incident form for reporting medication errors. There was a medicines policy that covered receipt and administration of medications. Staff signed to say that they had read and understood the policy.

Where people had ‘as required’ (PRN) medicines there was guidance for staff on when to administer this. We did raise with the registered manager that some guidance in relation to one particular medicine was missing and they addressed this soon after the inspection. We saw people being given their medicines in a safe way and with an explanation from staff.

Risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of manual handling, nutrition, skin care, personal care, communication needs, medication management and continence management. Risk assessments were also in place for identified risks which included malnutrition and choking and action to be followed. One person was at risk of falling. We saw that a pressure mattress had been put in place to alert staff when they got out of bed. There was guidance to staff on the risks and what they needed to do to support this person. Risk assessments were assessed monthly and sooner if this was needed.

The environment was set up to keep people safe. The building was secured with key codes to internal doors and

Is the service safe?

external doors. Windows restrictors were in place to prevent people falling out of windows. Equipment was available for people including specialist beds and pressure relieving mattresses.

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.

Accidents and incidents were recorded and the deputy manager analysed the information from this to look for trends. This was then discussed with staff at handovers and staff meetings.

Staff recruitment files contained a check-list of documents that had been obtained before each person started work. We saw that the documents included records of any cautions or conviction, two references, evidence of the person's identity and full employment history. This gave assurances to the registered manager that only suitably qualified staff were recruited.

Is the service effective?

Our findings

People felt that their care needs were being met. One told us, "It's a very good home, its comfortable, the staff are very good and there are some gems (staff)." Relatives felt that their family member received good care. One relative said, "If (my family member) wasn't being looked after properly there would be a deterioration in them and there hasn't been." Whilst another said, "We think the home is better than my (family members) own home and they are healthier and brighter than before they came."

However despite this people may not always receive the most appropriate care. Not all clinical staff had received the most up to date and accurate training appropriate to their role. We found that there were gaps in the updated clinical training for nurses. According to the training records not all nurses had completed syringe driver training, care planning training and palliative care training. The lack of appropriate training was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All other staff were kept up to date with the required service mandatory training. The training included fire safety, moving and handling, health and safety and food hygiene. Staff told us that the training provided was effective and helped them in their roles. One member of staff told us that they had been booked on to a course to help increase their knowledge of end of life care.

Staff were supported in relation to the work that they carried out. Staff said they felt supported in their roles. One said, "There's always someone to ask about care if I need to, staff are really nice." There were systems in place for staff to meet with their manager on a one to one basis. As well as one to one supervisions. Group supervisions were undertaken to assess staff competencies. Subjects discussed at supervisions included any additional training required and what staff needed to do to further support people. Clinical supervisions included discussions around care planning, timescales to address any concerns and the frequency of falls.

Staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and 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. However there was not enough evidence of mental capacity assessments specific to particular decisions that needed to be made. There were also no detailed records of why it was in someone's best interest to restrict them of their liberty if this decision had been made.

The front door and doors to each corridor had a coded door entry system. Not all of the care plans we looked at contained MCA or DoLS applications in relation to people not being able to access the code. The registered manager said that they had made all the applications they needed to Surrey County Council in relation to people that lacked capacity where they felt their liberty may be restricted in relation to the doors. However they were not sure whether DoLS applications had been submitted for people who lacked capacity and had guards on their beds. One member of staff told us they wanted to undertake additional training in MCA and DoLS but was able to tell us about this responsibilities around this. However another member of staff who was constantly supervising one person did not have an understanding of the legislation.

As people's rights were not always being protected this is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff gave examples of where they would ask people for consent in relation to providing care. For example, they would ask people if they wanted to have their personal care and whether they could undertake clinical procedures. We saw several instances of this happening during the day.

Everyone said that they enjoyed the food. People said the food was good and that there was plenty of it. One person said, "You can have as much or as little as you want."

People had a choice of where to have their meals, either in the dining room, outside, or their own room. A menu was displayed on the tables in the dining room for people and on the wall outside. We observed lunch being served, we saw that most staff engaged with people, offered choices and provided support to eat their meal if needed. We saw that one person asked for a different portion size and this was accommodated by staff. Another person changed their mind about their menu choice and was offered something different.

Is the service effective?

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.

This meant that staff had an accurate record of what people had drunk. Drinks were within reach for people that were in bed.

The chef had records of people's individual requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. 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 showed if people had specialist dietary needs. People's weights were recorded and where needed advice was sought from the relevant health care professional.

People had access to a range of health care professionals, such as the GP, opticians, community dentist, physiotherapist and the palliative care team from the local hospice. The GP visited regularly and people were referred when there were concerns with their health. On the day of the inspection we saw that people were being seen by the physiotherapist. One health care professional said that they worked well with the staff at the service. Another told us that their impressions of the care provided was good quality.

Is the service caring?

Our findings

People and relatives felt that staff were kind and caring. Comments included, “All the nursing assistants are extremely good”, “Staff are very caring, I absolutely love it, I wouldn’t move if I won the lottery” and, “Nothing is too much trouble.”

Despite these comments there were times throughout the inspection where staff were not always caring or respectful to people. We saw several occasions where staff entered one of the lounges and did not acknowledge people sitting in there. At lunchtime we saw that one person was assisting another person to eat because they could not reach their dessert. Staff had not ensured that this person was in a suitable position to eat their meal. One person was being assisted to eat however the member of staff did not interact with the person whilst doing this. Staff provided aprons to people to protect their clothes but didn’t ask them first before putting them on.

As people were not always treated with care and dignity this is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were instances of staff being caring towards people. Staff demonstrated affection and kindness towards people. There were moments where staff and people were seen chatting and laughing together and it was obvious from the conversations that staff had with people that they knew them and what their likes and dislikes were.

One health care professional told us that the carers were lovely and always available. One member of staff said, “It’s a wonderful place, I would be happy for my mother to be here.”

People and relatives said they felt involved in the planning of their care. Where care plans were reviewed this was done in consultation with the person and the family where appropriate. One relative told us they had made the choice not to be as involved because they wanted to ensure their family member had a say over the care they received. People said that staff always asked them about how they wanted their care to be provided.

People were provided with dignity. Comments from people about how their privacy and dignity was respected included, “I get total respect from the staff and we are on friendly terms”, “The staff are considerate, they knock on my door before coming in and respect my dignity” and, “Staff close my curtains before they give me personal care.” Staff gave examples of how they would respect people by allowing them time to talk and shutting the doors when providing personal care. We saw examples of this happening on the day of the inspection. One relative had been asked if they could wait in one of the lounges by a member of staff whilst their family member was getting dressed which promoted dignity.

Visitors were welcome at any time. We saw that this was happening throughout the inspection

Is the service responsive?

Our findings

People told us that before they moved in the manager undertook a pre-assessment of their needs. Relatives also confirmed this. One relative said, “What they provide is what (their family member) needs.”

Staff were not always given appropriate information to enable them to respond to people effectively. One member of staff was providing one to one support for someone. They were unable to provide us with any specific information around how to support this person other than they needed to ensure they did not stand up unsupported. They told us that they changed the person’s stoma bag (a surgically created opening on the abdomen which collects stools or urine) but they had not been shown how to do this and had never done this procedure before. A member of agency staff told us that they didn’t know the specific needs of the people they were caring for and had not attended the handover that day.

People were not always receiving the care that was specific to their needs. Detailed pre-admission assessments had been completed for people but we found that at times not all of this information had been used to develop an initial plan of care. One person had been admitted to the service three days earlier. There was not a clear plan of care in place for this person. Many key aspects of the plan had not been started including personal care and eating and drinking despite them having diabetes. The skin integrity plan made no reference to a pressure ulcer on the person’s heel. The plans that had been started did not provide sufficient information for staff to meet needs in a person-centred way. The registered manager contacted us after the inspection to inform us that all of the appropriate information had now been included in the person’s care plan.

Another person had been described as having 'challenging behaviour' and subject to one to one care from staff. The care plan documents were loose in the file and there was a lot of old information for archive that was still in there. The quality of the care plan was poor and much information was out of date or not completed. The person had been at the service before and some of the information in current use was developed from the previous admission. Information around their mobility was incorrect. The care

plan stated that due to the risk of falls they required two carers at all times to assist with mobility. On the day of the inspection the person was seen to be independent with the use of an aid.

As there were not always accurate information available to staff in relation to the planning of care this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were examples where people’s needs had been identified and care was provided that met their needs. One person’s mobility was poor when they moved into the service. They had been provided with additional support by staff and as a result their mobility had improved. Around the clock care had been provided to people who were receiving end of life care. This was undertaken with the support of the local hospice and was specific to each person.

People were satisfied with the quality of the activities that were on offer. One person said, “I love it, I don’t get bored, we have quizzes, flower making, we have a cinema here, we do day trips, there are entertainers and we have school children coming in to see us.” Another person said, “The home runs activities (which they told us they enjoyed).”

We saw a mixture of activities going on through the day. A, ‘what’s on leaflet’ was circulated to people which showed each day’s activities. This included a provision for one to ones in people’s rooms. We saw people accessing the gardens when they wanted and there was an entertainer in the afternoon that people enjoyed. When one to ones were taking place the service opened the ‘Café Bar’ for people to meet up and socialise.

Trips out were organised. One person was taken to a military museum as this was of particular interest to them. A trip to Wisley Gardens had also been arranged for people when it was warm enough.

A record of how complaints had been resolved was always recorded. There was a complaints procedure in place for people to access. One relative raised a complaint about their mother’s care and the registered manager met with them and resolved this by addressing the gaps in care with staff. All of the people and relatives we spoke with said that they would make a complaint if they needed to. They said that their complaint was responded to promptly by the registered manager. One relative said, “I would go to the manager with complaints. In the past when I’ve raised

Is the service responsive?

things I'm satisfied with the way it has been dealt with. The slightest thing I have a concern about is dealt with." We saw there was a copy of the complaints procedure available for people in the reception.

Is the service well-led?

Our findings

People and relatives said the management of the service was good. One relative's comments about the senior on one of the units was, "I can't put (the member of staff) on a high enough pedestal." They said the registered manager at the home was very supportive. One relative said, "The (registered manager) doesn't make you feel like you are being a nuisance, they give you help willingly."

On the day of our visit most of the staff teams were well organised, including the domestic and catering teams. The teams worked together well and people's needs were met appropriately. However we did find there was a lack of organisation on one of the floors where staff were not deployed on the floor as well as they could have been and there appeared to be no management oversight of this. We fed this back to the registered manager who said they were aware and would address this.

People's and relative's comments, and the records we saw, demonstrated the provider had consulted with people about the service provided. This included the use of surveys, comment boxes and meetings to gain people's views. Some of the comments included, "I'm extremely impressed by the efficient and caring way in which the place is run" and, "I find the carers are dedicated to their work."

We saw that where suggestions had been raised to improve the quality of the service these were addressed where possible. There was a concern about the connectivity with the telephone systems and as a result the registered manager upgraded the telephone system. Where people could not express their opinion relatives and friends had been consulted.

We found regular meetings had been held with people and their relatives and friends. The provider and registered manager shared information with people about changes at the service, such as the appointment of the chief executive and other key staff and planned improvements.

The provider gained staff feedback through periodic meetings and surveys. The survey completed in 2015 identified that staff were generally happy and identified a few areas they felt could be improved. An action plan had been devised to address areas needing improvement. Staff felt they could voice their opinion openly and felt supported. They said that they respected the registered manager and felt the manager engaged with staff. One said, "I love to work here, I have no complaints at all" whilst another said, "I'm happy in my job, we are all a pretty good team."

We saw the registered manager and other members of the senior management team were present and visible around the service throughout the inspection. Despite the registered manager only being at the service a short time they were able to tell us about people living there. We saw that where necessary staff were undergoing performance management and being offered additional support and training where needed. Staff received annual appraisals where performance over the year was discussed and further training and development was encouraged.

Audits had been used to make sure policies and procedures were being followed and to improve the quality of the service provided. This included health and safety, care records, accidents and incidents, falls and medication practices. A comprehensive action plan had been devised to address shortfalls and these were constantly being updated.

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. This meant we could check that appropriate action had been taken.

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.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
People who use services were not cared for by sufficient numbers of qualified, competent and experienced staff.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent
The registered provider did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of services users in relation to their care and treatment provided for them.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
There were not always accurate records in relation to the planning of care.